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Public Health



ANNUAL REPORT
ON THE
HEALTH
OF THE
CITY OF SHEFFIELD
1964

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.,
Medical Officer of Health



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CITY OF SHEFFIELD

HEALTH COMMITTEE

as at 31st December, 1964

THE LORD MAYOR:
(Alderman ALBERT SMITH, J.P.)

Chairman: Alderman Mrs. P. SHEARD, B.A., J.P.

Deputy-Chairman: Councillor Mrs. W. M. GOLDING

Alderman	E. SCOTT	Councillor	A. LEITCH
Councillor	G. ARMITAGE	,,	G. R. MUNN
,,	R. B. ASHMORE, M.INST.M.	,,	J. NEILL, B.SC.
,,	N. BENTLEY	,,	C. SIMMS
,,	W. G. BLAKE, J.P.	,,	F. STATON
,,	Mrs. V. BOYD	,,	J. E. TOMLINSON,
,,	G. S. GOODENOUGH		DIP., POL., ECON.
,,	Mrs. E. A. HATTERSLEY	,,	R. VINER
,,	P. M. N. JONES, M.B., B.S.	,,	A. WOOD
,,	C. W. KNOWLES	,,	G. WRAGG

SUB-COMMITTEES

General Sub-Committee

Chairman: Alderman Mrs. P. SHEARD

Alderman	E. SCOTT	Councillor	P. M. N. JONES
Councillor	G. ARMITAGE	,,	A. LEITCH
,,	N. BENTLEY	,,	J. NEILL
,,	Mrs. V. BOYD	,,	C. SIMMS
,,	Mrs. W. M. GOLDING	,,	J. E. TOMLINSON
,,	G. S. GOODENOUGH	,,	G. WRAGG

Maternal, Infant and Nursing Welfare Sub-Committee

Chairman: Councillor F. STATON

Alderman	Mrs. P. SHEARD	Councillor	C. W. KNOWLES
Councillor	R. B. ASHMORE	,,	A. LEITCH
,,	Mrs. V. BOYD	,,	J. NEILL
,,	Mrs. W. M. GOLDING	,,	J. E. TOMLINSON
,,	Mrs. E. A. HATTERSLEY	,,	A. WOOD
,,	P. M. N. JONES		

Mental Health Sub-Committee

Chairman: Councillor Mrs. W. M. GOLDING

Alderman	Mrs. P. SHEARD	Councillor	C. W. KNOWLES
Councillor	G. ARMITAGE	,,	A. LEITCH
,,	N. BENTLEY	,,	G. R. MUNN
,,	W. G. BLAKE	,,	J. NEILL
,,	Mrs. E. A. HATTERSLEY	,,	A. WOOD

Disabled Persons Welfare Sub-Committee

Chairman: Alderman E. SCOTT

Alderman	Mrs. P. SHEARD	Councillor	A. LEITCH
Councillor	N. BENTLEY	,,	G. R. MUNN
,,	W. G. BLAKE	,,	C. SIMMS
,,	G. S. GOODENOUGH	,,	F. STATON
,,	Mrs. E. A. HATTERSLEY	,,	G. WRAGG
,,	C. W. KNOWLES		

Special, Staffing, etc., Sub-Committee

Chairman: Alderman Mrs. P. SHEARD

Alderman	E. SCOTT	Councillor	J. NEILL
Councillor	Mrs. W. M. GOLDING	,,	C. SIMMS
,,	A. LEITCH	,,	F. STATON

Joint Sub. (Education and Health) *re* Health Services

Alderman	Mrs. P. SHEARD	Councillor	Mrs. W. M. GOLDING
Councillor	G. ARMITAGE	,,	J. NEILL

Special Assessment Section *re* Smoke Control Areas

Chairman: Alderman Mrs. P. SHEARD

Councillor	Mrs. W. M. GOLDING	Councillor	J. NEILL
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REPRESENTATIVES ON OTHER BODIES, Etc.

Joint Committee—Welfare of the Blind Department and Royal Sheffield Institution

Alderman	E. SCOTT	Councillor	G. WRAGG
Councillor	F. STATON		

North Eastern Federation of Members of the Queen's Institute of District Nursing

Councillor	Mrs. V. BOYD	Councillor	Mrs. D. MULHEARN
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Sheffield and District Clean Air Committee

Alderman	Mrs. P. SHEARD	Councillor	G. S. GOODENOUGH
Councillor	Mrs. V. BOYD	,,	J. NEILL
,,	Mrs. W. M. GOLDING	,,	G. WRAGG

REPRESENTATIVES OF LOCAL HEALTH AUTHORITY ON OTHER BODIES

National Health Service Act, 1946—Executive Council for the City of Sheffield

Alderman	E. SCOTT	Councillor	W. G. BLAKE, J.P.
,,	Mrs. P. SHEARD, B.A., J.P.	,,	Mrs. W. M. GOLDING
,,	Mrs. G. TEBBUTT, C.B.E., J.P.	,,	J. NEILL, B.SC.
Councillor	G. ARMITAGE	,,	J. PATE, J.P.



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PUBLIC HEALTH STAFF

AT 1st APRIL, 1965

MEDICAL STAFF

Medical Officer of Health :

CLIFFORD H. SHAW, M.D., D.P.H., D.P.A.

Deputy Medical Officer of Health :

WILFRID H. PARRY, M.D., D.P.H., D.T.M. and H.

Maternity and Child Welfare—

<i>Senior Medical Officer</i>	MARION E. JEPSON, B.SC., M.B., CH.B., D.C.H., D.P.H.
<i>Assistant M. and C. W. Medical Officer</i>	CATHERINE H. WRIGHT, M.B., CH.B., D.P.H.
<i>Assistant M. and C. W. and School Medical Officers</i>	R. E. BROWNE, M.R.C.S., L.R.C.P., D.P.H. C. R. OYLER, M.R.C.S., L.R.C.P. CHRISTINA F. J. DUCKSBURY, M.B., CH.B., D.P.H. ANNA M. MACCARTHY, M.B., CH.B. K. C. PASI, M.B., B.S. HARRIET G. DORNAN, M.B., CH.B., B.A.O., D.R.C.O.G
<i>Assistant M. and C. W. Medical Officers</i> (Part-time)	ANN KIRK BLACK, M.B., CH.B. R. D. DOWNIE, M.B., CH.B. BARBARA S. GORDON, M.B., CH.B. FLORENCE S. COATES, M.B., CH.B. MARJORIE H. E. FLOWERDAY, M.B., CH.B., D.OBST., R.C.O.G. SHELAGH TYRRELL, M.B., CH.B., D.C.H. KATHLEEN M. HAWKINS, M.B., CH.B. HAIDRI L. HALL, M.B., CH.B. F. W. LEIGH, M.B., CH.B. DAPHNE HALLWOOD, M.B., CH.B. L. P. DE ABREW, M.R.C.S., L.R.C.P. R. H. MATHEWS, M.B., CH.B. CYNTHIA M. ILLINGWORTH, M.B., B.S., M.R.C.P. W. J. CLANCY, M.B., B.CH., B.A.O., M.R.C.O.G. APARNA BANNERJEE, B.SC., M.B.B.S., D.G.O. ELVIRA TINKER, M.B., CH.B., D.P.H. DOROTHY BLACK, M.B., CH.B., D.C.H. MORAG MACDONALD, M.B., CH.B., D.R.C.O.G. ELIZABETH MARY TAYLOR, M.B., CH.B. LILY M. S. DUBOWITCZ, M.B., B.S., D.C.H.

<i>Assistant Medical Officers (Medical Examinations)</i>	J. A. STIRLING, M.B., CH.B., D.P.H. J. WILSON, M.B., CH.B.
* <i>Consultant (Tuberculosis)</i>	R. H. TOWNSHEND, B.SC., M.B., M.R.C.P., D.T.M. and H.
* <i>Honorary Consultant and Adviser on Paediatrics</i> ...	R. S. ILLINGWORTH, M.D., F.R.C.P., D.C.H., D.P.H., Professor in Child Health at Sheffield University
* <i>Orthopaedic Specialist (Honorary)</i>	E. G. HERZOG, M.B., B.S., M.R.C.S., L.R.C.P.

Social Psychiatry Service—

<i>Senior Medical Officer</i>	J. S. HORSLEY, M.R.C.S., L.R.C.P.
* <i>Honorary Consultant</i>	F. J. S. ESHER, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.M., F.B.P.S.S.

Welfare of Handicapped Persons—

<i>Senior Medical Officer</i>	JEAN B. PARKER, M.B., CH.B.
* Undertakes part-time duties in this Service in a consultant capacity.	

<i>City Analyst</i>	H. CHILDS, B.SC., F.R.I.C.
<i>Principal School Dental Officer</i>	E. COPESTAKE, L.D.S.

OTHER STAFF

GENERAL ADMINISTRATION

<i>Chief Administrative Officer</i>	...	...	...	...	...	...	W. MORRIS
<i>Chief Assistant (General Administration)</i>	...	...	...	...	...	...	E. WALSHAW
<i>Senior Assistant (General Administration)</i>	...	...	...	...	...	...	B. J. SMITH
<i>Chief Assistant (Finance, Staffing and Statistics)</i>	...	...	...	...	...	...	F. GARFITT
<i>Senior Assistant (Finance)</i>	...	...	...	...	...	...	R. N. DRAYCOTT
<i>Senior Assistant (Staffing)</i>	...	...	...	...	...	...	A. M. GREEN
<i>Senior Assistant (Statistics)</i>	...	...	...	...	...	...	Miss E. I. MILNER
<i>Correspondence Clerk and M.O.H.'s Secretary</i>	...	...	...	...	...	...	Miss E. J. DYSON
6 Senior Clerks, 8 Clerks, 3 Shorthand Typists, 1 Shorthand Typist Trainee.							

ENVIRONMENTAL AND GENERAL SERVICES

Public Health Inspection Administration—

<i>Chief Assistant (Administration)</i>	...	...	...	...	...	...	J. R. BINGHAM
<i>Senior Assistant (Administration)</i>	...	...	...	...	...	...	P. C. BELK
2 Senior Clerks, 1 Clerk, 1 Senior Shorthand Typist, 3 Shorthand Typists							

General Public Health Inspection—

<i>Superintendent Public Health Inspectors</i>	...	...	F. T. TWELVES	G. ROBINSON
			H. B. WARD	F. M. COCKROFT
			J. D. BELL	
<i>Assistant Superintendent Public Health Inspectors</i>			S. CURTIS	F. BAINBRIDGE
			J. W. BOULTON	L. MULVEY
			M. BEEVOR	

12 Public Health Inspectors, 11 Pupil Public Health Inspectors, 7 Technical Assistants

Clearance Areas Section—

<i>Superintendent</i>	...	...	...	...	...	...	H. GREGORY
<i>Assistant Superintendent</i>	...	...	...	...	...	...	R. L. COLDWELL
1 Public Health Inspector, 2 Pupil Public Health Inspectors, 1 Senior Clerk, 2 Shorthand Typists, 2 Technical Assistants							

Food Inspection—

<i>Superintendent Food and Drugs Inspector</i>	...	...	...	...	...	G. A. KNOWLES
<i>Assistant Superintendent Food and Drugs Inspector</i>	...	...	...	...	...	R. MOORE
2 Food and Drugs Inspectors						

Meat Inspection—

<i>Superintendent Meat Inspector</i>	...	...	...	...	...	G. WHITELEY
<i>Assistant Superintendent Meat Inspector</i>	...	...	...	...	...	C. F. DEAN
2 Meat Inspectors, 5 Authorised Meat Inspectors, 2 Trainee Meat Inspectors, 1 Clerk, 1 General Assistant (part-time)						

Smoke Inspection—

<i>Superintendent Smoke Inspector</i>	...	...	...	...	...	J. W. BATEY
<i>Assistant Superintendent Smoke Inspector</i>	...	...	...	...	...	A. W. F. MAULE
2 Smoke Inspectors, 1 Senior Clerk, 2 Clerks, 1 Clerk-Typist, 1 Shorthand Typist, 1 Survey Supervisor, 15 Survey Assistants						

Rodent Control—

1 Foreman, 9 Rodent Operatives, 4 Assistant Rodent Operatives, 1 General Staff (part-time)

Disinfection, Disinfestation, Transport, etc.—

<i>Transport Officer and Disinfecting Station Superintendent</i>	...	...	...	E. M. LEWIS
<i>Deputy Superintendent</i>	...	...	...	H. WRIGHT
1 Senior Clerk, 1 Storekeeper and General Assistant, 49 General Assistants				

Health Education—

<i>Health Education Organiser</i>	...	...	...	...	...	F. St. D. ROWNTREE
1 Technical Officer, 1 Visual Aids Assistant, 2 Shorthand Typists						

NATIONAL HEALTH SERVICES

<i>Chief Assistant (Administration)</i>	...	...	...	...	...	J. PREECE
<i>Senior Assistant (Administration)</i>	...	...	...	...	...	Miss D. LEIGHTON
5 Senior Clerks, 29 Clerks, 7 Clerks (part-time), 1 Clerk-Typist, 3 Shorthand Typists, 33 General Staff (including 20 part-time)						
<i>Superintendent Health Visitor</i>	...	...	...	...	...	Miss I. LITTLEWOOD
<i>Deputy Superintendent Health Visitor</i>	...	...	...	...	...	Mrs. N. HUTHWAITE
<i>Superintendents of Child Welfare Centres</i>	...	...	...	...	...	Miss E. M. LUDGATE Miss O. B. de NEUMANN
43 Health Visitors (including 1 part-time), 5 Student Health Visitors, 9 Clinic Nurses, (including 1 part-time) 11 clinic Attendants						
<i>Non-Medical Supervisor of Midwives</i>	...	...	...	...	...	Miss W. REDHEAD
<i>Assistant Non-Medical Supervisor of Midwives</i>	...	...	...	...	...	Miss P. M. CALLIS
<i>Assistant Non-Medical Supervisor of Midwives</i>	...	...	...	...	...	Miss G. MARSH
65 Midwives directly employed by City Council (including 10 part-time), 3 Domestic Staff						

Home Nursing—

<i>Superintendent</i>	Miss M. McGONIGLE
<i>Deputy Superintendent</i>	Miss E. DEWHIRST
<i>Assistant Superintendents of District Centres</i>	Miss A. D. HALL
	Miss J. M. PHILLIPSON
	Mrs. C. M. SPRIGGS
	Mrs. D. E. HIGGINBOTTOM

52 District Nurses, 33 District Nurses (part-time), 7 Assistants (part-time), 1 Housekeeper, 6 Domestic and other staff (including 1 part-time), 1 Clerk

Chiropody Service—

2 Chiropodists, 6 Chiropodists (part-time)

Day Nurseries—

Matrons of Nurseries—

Beet Street	Mrs. M. T. BOOTH
Carbrook Welfare Centre	Mrs. D. M. N. DA SILVA
Darnall	Mrs. M. H. SANDERSON
Firth Park	Mrs. M. E. OLLERENSHAW
Meersbrook Park	Mrs. E. A. FEARN

1 Deputy Matron, 8 Staff Nursery Nurses, 1 Enrolled Assistant Nurse, 16 Nursery Assistants, 18 Domestic Staff (including 17 part-time)

Mother and Baby Home—

<i>Matron</i>	Miss E. DRIVER
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2 Assistant Matrons (1 part-time), 2 Domestic and other staff (part-time)

Home Help and Home Warden Service—

<i>Superintendent Organiser</i>	Miss D. J. PARKER
<i>Assistant Superintendent Organiser</i>	Miss K. BRIDGEWATER

7 District Organisers, 1 Senior Assistant (Administration), 4 District Clerks, 7 Clerks, 1 Shorthand Typist, 88 whole-time, 435 part-time Home Helps, 20 Home Wardens

Vaccination and Immunisation—

<i>Senior Clerk</i>	K. BISBY
----------------------------	----------

1 Senior Clerical Assistant, 5 Clerks, 1 Clerk-Typist, 2 Clerks (part-time)

Care and After Care—

1 Senior Clerk, 1 Shorthand Typist, 2 Social Welfare Officers

AMBULANCE SERVICE

<i>Chief Ambulance Officer</i>	F. C. KELSEY, F.I.A.O.
<i>Assistant Chief Ambulance Officer</i>	W. H. LIVSEY, A.I.A.O.

5 Clerks, 1 Shorthand Typist, 1 Control Room Assistant, 1 Switchboard Operator, 3 Station Officers, 1 Telephonist (Control), 1 Head Driver, 8 Shift Leaders, 83 Drivers, 9 Attendants, 4 Domestic and other staff (including 1 part-time)

SOCIAL PSYCHIATRY SERVICE

<i>Chief Assistant (Administration)</i>	W. E. LLOYD
<i>Senior Assistant (Administration)</i>	E. PARISH
<i>Mental Welfare Officer (Liaison and Rehabilitation)</i>	S. W. ROTCHELL
<i>Senior Social Worker</i>	F. J. B. HODGE

1 Senior Shorthand Typist, 3 Shorthand Typists, 3 Senior Mental Welfare Officers, 13 Mental Welfare Officers, 1 Welfare Assistant

“ The Towers ” Training Centre—

<i>Superintendent</i>	M. BIRTWISTLE
------------------------------	---------------

1 Deputy Superintendent, 1 Assistant Superintendent, 6 Supervisors, 5 Domestic and other staff (including 2 part-time)

Pitsmoor Road Training Centre—

<i>Superintendent</i>	Mrs. C. WILDE
------------------------------	---------------

2 Supervisors (qualified), 2 Assistant Supervisors (qualified), 1 Assistant Supervisor (unqualified), 2 Domestic and other staff

Southey Hill House—

<i>Superintendent</i>	M. MACPHEE
------------------------------	------------

1 Assistant Superintendent, 1 Housekeeper-Cook, 5 Domestic Staff (including 4 part-time)

Norfolk Park Training Centre—

<i>Principal</i>	Mrs. L. MELLOR
<i>Assistant Principal</i>	C. ELSHAW

3 Supervisors, 2 Senior Assistant Supervisors, 2 Assistant Supervisors (qualified), 8 Assistant Supervisors (unqualified) 1 Trainee Supervisor, 15 Domestic and other staff (including 13 part-time)

WELFARE OF HANDICAPPED PERSONS SERVICE

<i>Chief Assistant (Administration)</i>	A. J. BAKER
<i>Senior Assistant (Administration)</i>	Miss E. E. CLARK
<i>Chief Assistant (Technical)</i>	W. WOOD
<i>Senior Assistant (Technical)</i>	F. R. HORNE
<i>Senior Social Worker</i>	G. W. JACKSON
<i>Senior Social Welfare Officer</i>	A. J. DEAN

1 Wages Clerk and Cashier, 1 Senior Clerk, 3 Clerks, 4 Junior Clerks, 2 Shorthand Typists, 1 Copy Typist, 4 Social Welfare Officers, 7 Home Teachers of the Blind, 2 Trainee Social Welfare Officers, 1 Senior Supervisor of Handicapped Persons, 6 Supervisors of Handicapped Persons, 4 Foremen, 1 Occupational Therapist, 1 Shop Manageress, 76 Workshop and Salesshop Staff (including 62 blind persons and 1 severely disabled sighted person). 21 Domestic and other staff (including 14 part-time)

GENERAL STATISTICS

AREA (at 31st December, 1964)	...	...	...	...	...	(acres)	39,598
POPULATION—Census 1961	...	...	...	...	...		494,344
Estimate of Registrar General—Home population year 1964							490,930
APPROXIMATE NUMBER OF HOUSES (at 31st December, 1964)	...						165,847
RATEABLE VALUE (1st October, 1964)	...	...	...	...	...	£20,829,828	
SUM REPRESENTED BY A PENNY RATE (Year 1964-65)	...	...				£83,181	

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1964

LIVE BIRTHS—

	Males	Females	Total		
Legitimate	4,057	3,721	7,778	} Birth Rate <i>per</i> 1,000 <i>of populaiton</i>	17·1
Illegitimate	314	308	622		
Totals	4,371	4,029	8,400		

Illegitimate live births per cent. of total live births ... 7·4

STILLBIRTHS ... 72 63 135 Rate *per* 1,000 *total*
(*live and still*) *births* 15·8

TOTAL LIVE AND
STILL BIRTHS ... 4,443 4,092 8,535

DEATHS OF INFANTS UNDER ONE YEAR OF AGE—

All Infants ... Deaths 147 Rate *per* 1,000
live births 17·5

Legitimate Infants ... Deaths 129 Rate *per* 1,000
legitimate live births 16·6

Illegitimate Infants ... Deaths 18 Rate *per* 1,000
illegitimate live births 28·9

Neonatal Mortality ... Deaths 106 Rate *per* 1,000
live births 12·6

Early Neonatal Mortality ... Deaths 87 Rate *per* 1,000
live births 10·4

Perinatal Mortality ... Deaths 222 Rate *per* 1,000 *total*
(*live and still*) *births* 26·0

MATERNAL MORTALITY—

Puerperal Sepsis and Abortion Deaths 1 } Rate *per* 1,000 0·12

Other Maternal Mortality ... Deaths — } *total (live and* —

Total Maternal Mortality ... Deaths 1 } *still) births* 0·12

	Males	Females	Total		
DEATHS (All Causes)	3,250	2,765	6,015	Death Rate <i>per</i> 1,000 <i>of population</i>	12·3

DEATHS FROM CERTAIN CAUSES—

Tuberculosis of Respiratory

System ... Deaths 40 } Rate *per* 1,000 0·08

Other Forms of Tuberculosis ... Deaths 2 } *of population* 0·00

Cancer ... Deaths 1,194 Rate *per* 1,000
of population 2·43

CITY OF SHEFFIELD

Telephone No. 27241

Public Health Department,
Town Hall Chambers.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

While I have the honour to present the Report for 1964, Dr. Llywelyn Roberts remained Medical Officer of Health throughout the year under review. Dr. Roberts retired at the end of March, 1965 after so ably holding the reins of office for more than seventeen years. At the time he took over in November, 1947 the hospitals, chest clinic, mass radiography centre and public health laboratory were on the point of passing out of the control of the local authority. On the other hand an assortment of existing health services were brought into the fold, notably ambulances and district nursing. It scarcely sounded a promising exchange, and yet within the framework of the National Health Service and National Assistance Acts vast new territories were to be opened up. Immunisation against whooping cough, tuberculosis, tetanus, and poliomyelitis; welfare services for the deaf and physically disabled; the social psychiatry service; chiropody; 'meals on wheels'; a home nursing service reinforced, and a health visiting service spread more thinly—all to take account of the needs of the aged infirm—with a greatly expanded home help and home warden service that previously only existed in embryo form. And health education on which we shall increasingly depend if mankind is to reap the full benefit of the expanding frontiers of knowledge.

Glancing through Dr. Roberts' maiden Report for the year 1947, stray fragments of information contrast vividly with present-day epidemiology. Three cases of smallpox (the only cases to have occurred in Sheffield since 1931); 93 cases of poliomyelitis, the first large outbreak in the City; 'as few as 41' cases of diphtheria (whereas the last Sheffield case was in 1952); three cases of typhoid and 13 of paratyphoid (better than the previous year when there had been 168 paratyphoid notifications). The tuberculosis death rate of 579 per million was, at the time, the lowest ever recorded in Sheffield in any year except 1938 (the corresponding 1964 figure is 85). There were fourteen maternal deaths (compared with one in 1964). The infant mortality rate was 42 (18 in 1964). Notification of acute rheumatism in childhood was introduced in Sheffield in 1947 and in the first twelve months 197 confirmed cases were reported (in 1964 only one case was notified). 18·8% of milk was unpasteurised (the current figure is 1·1% but why shouldn't *all* milk be pasteurised? The fact that pasteurisation is not practicable in remote rural areas is no reason why Sheffield milk should not be made safe, though in the intervening years it has been made safe

from *tuberculosis* through the stamping out of the infection in dairy herds: in 1947 tuberculosis bacilli were demonstrated in 65 of 402 samples examined of raw milk). In the comparison between 1947 and 1964, however, perhaps the biggest change is in the reduction of atmospheric pollution. For example, the daily average of the solid deposit gauge in the City centre (Surrey Street) dropped from 457 mg., (per square metre) to 258 mg., and at Attercliffe from 526 mg., to 282 mg.; sulphur determinations also fell, though less dramatically—at the Surrey Street station from 3·40 mg., (per 100 sq. metres) to 2·95 mg., and at Attercliffe from 4·61 mg., to 3·79 mg.

An introduction can highlight some of the significant developments of the year and insert marginal comments—it cannot attempt to summarise the varied contributions which make up the body of the Report. It is hoped the quotations will continue to stimulate the curiosity, and that the casual reader will be encouraged to explore more deeply the text beneath. Next year perhaps the format of the Report might be revised with some slimming down of the waist-line, but first and foremost the volume is a permanent record of the work of the Department. Facts and figures, which at the time may seem of negative interest, can prove of extreme importance when trends are examined in retrospect.

Material was received from contributors between January and June, and the Report of the Principal School Dental Officer was one of the earlier ones. Mr. Copestake is perhaps a little over-optimistic when he names the date, but there is every indication that fluoridation is well on its way. I have just returned from holiday in Rochester, N.Y. State, where fluoridation of the water supply was undertaken in the nineteen-forties, so that not only children but young adults are now enjoying the benefits of this valuable public health measure.

The illegitimate birth rate has exactly doubled in the last eight years and for the first time is above the average for England and Wales. On the brighter side, the perinatal mortality rate of 26·0 is the lowest ever recorded (the provisional rate for England and Wales is 28·2). Perinatal deaths are stillbirths and infant deaths in the first week, and the rate is a reliable guide as to the standard of obstetric care received. It was also a good year for maternal mortality and the only death was associated with abortion.

Forty-eight hour planned discharges have increased steadily among obstetric cases admitted to the City General and Jessop Hospitals, rising from 1,558 in 1961 to 4,295 in 1964. There has also been a corresponding increase in cases discharged at various times short of ten days. What happens to these mothers? Usually arrangements will have been made for

relatives to care for them or a home help supplied, but how soon in fact does the mother resume full household duties? Is there any evidence that physical effort is harmful to the healthy mother? Empirical assertions that early discharge is good or bad take us no further—what is needed is a properly planned study. Meanwhile one wonders whether the skill of a practising midwife is really necessary to carry out follow-up visits which some authorities feel could be undertaken by a State registered nurse with suitable experience.

It was an uneventful year as regards infectious disease. Whooping cough seemed to be on the wane and the increase—which has been noticed in many other parts of the country—suggests there may be a change in the antigenic structure of the prevailing strain. Notifications of food poisoning are the lowest for thirteen years. Measles is always with us, outbreaks occurring every second year. An outbreak occurred in a nursing home caring for very severely disabled mentally subnormal patients and four deaths in such circumstances is not unexpected. On the other hand, complications such as otitis media and pneumonia are quite common when the infection occurs in normal children, and may lead to permanent disability. A variety of measles vaccines have been under trial and the introduction of large scale vaccination seems just around the corner.

Arrangements were continued for notifying G. Ps. of primary tetanus immunisation in infancy. The personal record card issued by the Department has a durable plastic cover and there seems a sporting chance, if perhaps an outside one, that it may be available for reference in an emergency. Most of the value of tetanus immunisation is lost if the casualty officer or other doctor dealing with an accident is uncertain as to what injections have already been given. Some preliminary discussions have been held regarding the completion of a course of immunisation where the first injection of tetanus toxoid was given at hospital.

The Newfield Green clinic, opened in June, serves the Gleadless Valley and part of the Norfolk Park Estate. An interesting feature of this clinic is the playroom which was incorporated in accordance with the Ministry Buildings Notes—those working in the clinic are agreed that the innovation is much appreciated by the mothers. Arrangements were made for the temporary use of part of the clinic by a partnership of two general practitioners until their own surgery premises are completed.

The work of enforcement of the Offices, Shops and Railway Premises Act made good progress but the testing time is likely after January, 1966 when standards of sanitary accommodation and washing facilities become operative, while in the case of premises in existing use, the overcrowding

provisions do not come into effect until August, 1967. The help of Mr. G. G. S. Richardson, Deputy Superintending Inspector of Factories, has been most welcome as his Department has extensive experience of allied problems.

The staffing position in the chiropody service improved during the year. Total attendances increased from 7,540 in 1963 to 11,700 in 1964 and domiciliary visits from 1,189 to 3,262. Pressure on the service is likely to continue, for an increasing number of old people are becoming alive to the fact that much foot discomfort is unnecessary and that treatment is available through the local authority service at a nominal charge.

The 'meals on wheels' service goes from strength to strength, though taxing both the Department's transport facilities and the resources of the Council of Social Service who undertake the preparation of the meals and arrange for voluntary workers to distribute them to old people. The number of meals served has risen steadily: 52,223 in 1960; 54,054 (1961), 63,047 (1962), 69,119 (1963), and now 80,507.

In conclusion I would like to acknowledge my appreciation of the help received from members of the Public Health staff, both in the day-to-day workings of the Department and in the preparation of this Report. Apart from the people whose names appear at the head of the various sections, mention should be made of Mr. Bingham, Mr. Lloyd, Mr. Preece, Miss Leighton and, in particular, Miss Milner who for several years has acted as general editor. I wish to place on record my thanks to the Chairman and Members of the Health Committee for their support, and trust that events will not show their confidence to have been misplaced. To Dr. Roberts also I owe a debt which cannot adequately be expressed in words.



Medical Officer of Health

August, 1965

VITAL STATISTICS

"I cannot do't without counters"

—William Shakespeare (The Winter's Tale)

Area.—The total area of the City at 31st December, 1964, was 39,598 acres.

Population.—The Registrar General's estimate of the home population of the City for the year 1964 was 490,930, a decrease of over four thousand persons since the 1963 estimate of 495,290. Such a fall indicates that the estimates for the years 1961 to 1963 were probably too high. In view of the decrease in population, as compared with the Registrar General's previous estimates, all rates based on population figures will tend to show a slight increase over the 1963 rates.

Live Births.—There were 9,868 live births registered in the City during 1964 and, after making allowances for births transferable inwards and outwards, the figure of net live births was 8,400. The birth rate was 17·1 per 1,000 population, slightly higher than the rate of 17·0 per 1,000 in 1963. The 1964 provisional rate for England and Wales was 18·2 per 1,000 population. The statement below shows the trend of the birth rate in the City in recent years, also the illegitimacy rates of Sheffield and of England and Wales. Of the 8,400 net live births which occurred in the City in the year 1964, there were 622 illegitimate births giving an illegitimacy rate of 74 per 1,000 births compared with a provisional England and Wales rate of 72 per 1,000.

<i>Year</i>	<i>Total Live Births</i>	<i>Birth Rate per 1,000 of Population</i>	<i>Illegitimate Live Births</i>	<i>Illegitimacy Rate per 1,000 Live Births Sheffield</i>	<i>England and Wales</i>
1954	6,867	13·6	233	34	46
1955	6,756	13·5	257	38	45
1956	7,040	14·1	259	37	46
1957	7,519	15·1	286	38	46
1958	7,656	15·3	339	44	49
1959	7,709	15·4	377	49	51
1960	7,829	15·7	401	51	54
1961	8,157	16·5	434	53	59
1962	8,612	17·4	546	63	66
1963	8,396	17·0	559	67	69
Average 1954-63	7,654	15·4	369	47	53
1964	8,400	17·1	622	74	72

Stillbirths.—After making allowance for transferable births, stillbirths in the City numbered 135 in 1964, giving a stillbirth rate of 0·27 per 1,000 population, and a rate of 15·8 per 1,000 total (live and still) births as against a rate of 0·28 in 1963. The provisional England and Wales rate for the year was 16·4 per 1,000 total (live and still) births. Causes of death of the 135 stillbirths are classified below:—

Classification of Causes of Stillbirths for the year 1964

Cause of Death					Sex	Legitimate	Illegitimate	Total
Chronic disease in mother	...	...	...	...	M	2	—	2
					F	2	—	2
Acute disease in mother	...	...	...	...	M	1	—	1
					F	—	—	—
Diseases and conditions of pregnancy and childbirth	...	...	...	...	M	16	1	17
					F	8	2	10
Absorption of toxic substances from mother					M	—	—	—
					F	—	—	—
Difficulties in labour	...	...	...	...	M	5	—	5
					F	2	1	3
Other causes in mother	...	...	...	...	M	1	—	1
					F	1	—	1
Placental and cord conditions		...	...		M	17	1	18
					F	15	1	16
Birth injury	...	...	...	...	M	1	—	1
					F	—	—	—
Congenital malformation of foetus	...		...		M	2	—	2
					F	13	3	16
Diseases of foetus, and ill-defined causes			...		M	22	2	24
					F	11	5	16
Totals						119	16	135

Infant Mortality.—There was an appreciable decrease in the number of infant deaths under one year, these having dropped from 185 in 1963 to 147 in 1964. The infant mortality rate was 17·5 per 1,000 live births as compared with 22·0 per 1,000 in 1963. This is the lowest rate for infant deaths since 1959 when the rate was 17·0 per thousand.

The following table gives the Sheffield mortality rate for legitimate and illegitimate infants, as well as for all infants, and also shows the comparison between the infant mortality rate in the City and that of England and Wales for the period 1950-1964.

TABLE I.—Infant Mortality, Sheffield and England and Wales, 15 years, 1950 to 1964

Year	<i>Legitimate Infants</i>	<i>Illegitimate Infants</i>	<i>All Infants</i>	
	<i>Rate per 1,000 legitimate live births</i>	<i>Rate per 1,000 illegitimate live births</i>	<i>Rate per 1,000 live births</i>	
			<i>Sheffield</i>	<i>England and Wales</i>
1950	27	43	28	30
1951	31	30	31	30
1952	24	26	24	28
1953	26	22	26	27
1954	24	30	24	25
1955	23	31	24	25
1956	23	31	24	24
1957	20	35	21	23
1958	21	30	21	23
1959	17	24	17	22
1960	20	25	20	22
1961	23	23	23	21
1962	20	29	20	21
1963	22	23	22	21
1964	17	29	18	20

In the table on page 4 particulars are given of the deaths of infants in the year 1964 as coded by the Department. The causes of death shown are in accordance with those prescribed by the International Statistical Classification of Diseases, Injuries and Causes of Death (seventh revision), which was introduced in 1958.

TABLE II.—Infant Mortality ; Deaths in the Year 1964 from stated causes at various ages under One Year

<i>International List Nos.</i>	<i>Cause of Death</i>	<i>Under 1 day</i>	<i>1 day and under 1 week</i>	<i>1 week and under 2 weeks</i>	<i>2 weeks and under 3 weeks</i>	<i>3 weeks and under 4 weeks</i>	<i>Total Deaths under 4 weeks</i>	<i>4 weeks and under 3 months</i>	<i>3 months and under 6 months</i>	<i>6 months and under 9 months</i>	<i>9 months and under 12 months</i>	<i>Total Deaths under 1 year</i>
010	Tuberculosis of meninges and C.N.S.	—	—	—	—	—	—	—	—	—	—	—
Remainder of	Tuberculosis, other forms	—	—	—	—	—	—	—	—	—	—	—
001-019	Diphtheria	—	—	—	—	—	—	—	—	—	—	—
055	Whooping cough	—	—	—	—	—	—	—	—	—	—	—
056	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—
057	Measles	—	—	—	—	—	—	—	1	—	—	1
085	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—
Remainder of	Meningitis, except meningococcal and tuberculous... ..	—	—	—	—	—	—	—	1	—	—	1
020-138	Influenza	—	—	—	—	—	—	3	9	—	—	12
340	Pneumonia (4 weeks—1 year)	—	—	—	—	—	2	—	2	1	—	6
480-483	Bronchitis	—	—	1	—	—	—	—	—	2	—	7
490-493	Gastritis, enteritis and diarrhoea (4 weeks—1 year)	—	—	—	—	—	—	—	—	—	—	5
500-502	Spina bifida and meningocele	—	—	—	—	—	—	—	—	—	—	—
543, 571, 572	Congenital malformations of circulatory system	—	3	1	—	2	6	4	—	—	—	10
751	Other congenital malformations	7	3	1	1	1	13	2	1	—	—	16
754	Birth injuries	8	3	—	—	—	11	1	—	—	—	11
Remainder of	Postnatal asphyxia and atelectasis	3	4	—	—	—	7	—	—	—	—	8
750-759	Pneumonia of newborn	—	—	1	1	—	2	—	—	—	—	2
760, 761	Diarrhoea of newborn (under 4 weeks	—	—	—	—	1	1	—	—	—	—	1
762	Haemolytic disease of newborn	1	—	—	—	—	1	—	—	—	—	1
763	Prematurity with mention of subsidiary condition	—	—	—	—	—	—	—	—	—	—	—
764	Prematurity unqualified	17	6	—	—	—	23	—	—	—	—	23
770	Other diseases peculiar to early infancy	15	12	1	—	—	28	1	—	1	—	28
774	Accidental mechanical suffocation	—	—	—	—	—	—	—	—	—	—	2
776	Other violent causes	—	—	—	—	—	—	—	—	—	—	—
Remainder of	All other causes	2	1	3	—	1	7	3	2	1	—	13
760-776												
E924												
Remainder of												
E800-999												
Residual												
	ALL CAUSES	54	33	8	3	8	106	16	18	5	2	147

Neonatal Mortality.—Again there was a decrease in the number of infants who died in the first four weeks of life. These numbered 106 giving a neonatal mortality rate of 12·6 per 1,000 live births as against a rate of 13·9 in 1963. The neonatal deaths in 1964 comprised 72 per cent. of the total deaths of children under one year of age as compared with 63 per cent in 1963.

Perinatal Mortality.—There was also a decrease in the number of stillbirths and deaths under one week, resulting in a perinatal mortality rate for the year 1964, of 26·0 per 1,000 total (live and still) births. The perinatal mortality rate for 1963 was 28·4 per 1,000 total (live and still) births.

Pregnancy.—Child Birth and the Puerperal State. One maternal death, due to abortion, was registered during the year. The total provisional England and Wales maternal mortality rate for 1964 was 0·25 per 1,000 total (live and still) births, and the average Sheffield rate for the period 1959-1963 was 0·28 as against an England and Wales average of 0·35. The table which follows gives, for recent years, the total maternal deaths in Sheffield, the puerperal pyrexia incidence rates of the City, the death rates from puerperal sepsis and other maternal causes, and also comparative figures of the total maternal mortality rates of the City and of England and Wales.

TABLE III.—Total Maternal Deaths in Sheffield ; Sickness from Puerperal Pyrexia ; also Maternal Mortality per 1,000 total (live and still) Births, for the years 1959-1964

Year				Maternal Deaths Sheffield		Rates per 1,000 total (live and still) Births						
				Excluding Abortion	Due to Abortion	Notifica- tions of Puerperal Pyrexia	Maternal Mortality					
							Puerperal Sepsis	All Other Causes	Total Maternal Mortality			
									Sheffield	England and Wales		
1959	...	...	...	2	—	31	—	0·25	0·25	0·38
1960	...	...	...	—	—	26	—	—	—	0·39
1961	...	...	...	2	1	17	—	0·36	0·36	0·33
1962	...	...	...	2	—	8	—	0·23	0·23	0·35
1963	...	...	...	3	2	6	—	0·58	0·58	0·28
Average 5 years 1959-1963				3	1	18	—	0·24	0·28	0·35
1964	...	...	...	—	1	6	0·12	—	0·12	0·25

Deaths.—There were 6,713 deaths registered in the City in 1964 and after making adjustments for inward and outward transfers the net total of deaths allocated to the City was 6,015. The death rate from all causes

was 12·3 per 1,000 of the population as compared with the rate of 12·6 per 1,000 in 1963 and an average rate for the decade 1954-1963 of 12·0. Of the total net deaths registered 66·5% were of persons aged 65 years and over.

The provisional England and Wales death rate for 1964 was 11·3 per 1,000 population.

The number of Sheffield deaths and the death rate per 1,000 population is shown below for the years 1954-1963.

<i>Year</i>		<i>Number of Deaths</i>		<i>Death Rate per 1,000 of the Population</i>
1954	...	5,821	...	11·6
1955	...	5,934	...	11·8
1956	...	5,852	...	11·7
1957	...	5,785	...	11·6
1958	...	5,865	...	11·8
1959	...	5,860	...	11·7
1960	...	5,810	...	11·6
1961	...	6,477	...	13·1
1962	...	6,282	...	12·7
1963	...	6,256	...	12·6
Average 1954-63	...	5,994	...	12·0
1964	...	6,015	...	12·3

The table which follows shows deaths of Sheffield residents by separate age groups for the decade 1955-1964.

TABLE IV.—Deaths by Separate Age Groups, 1955-1964

<i>Age</i>	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Under one year	160	166	155	160	131	156	191	174	185	147
1 — 4	25	27	24	22	28	12	23	27	46	24
5 — 14	20	20	32	30	24	22	23	30	30	18
15 — 24	37	39	26	41	31	33	44	45	48	57
25 — 44	234	227	238	228	216	201	228	235	220	214
45 — 64	1,512	1,404	1,561	1,406	1,488	1,450	1,598	1,604	1,529	1,554
65 — 74	1,645	1,648	1,626	1,627	1,600	1,553	1,757	1,659	1,660	1,617
75 and over	2,301	2,321	2,123	2,351	2,342	2,383	2,613	2,508	2,538	2,384
TOTALS	5,934	5,852	5,785	5,865	5,860	5,810	6,477	6,282	6,256	6,015

Causes of Death.—In table V on page 7 are given particulars of the number of deaths of Sheffield residents in the year 1964, classified according to disease, sex and age periods. The classification of causes of death is that prescribed in the International List (seventh revision), which replaced the sixth revision of 1948.

Population and Birth Rates and Death Rates in Past Years.—Table VI on page 8 gives information in regard to the population of the City in 1964 and past years ; also the number of births and deaths in the City, and the birth rates and death rates of Sheffield and of England and Wales in those years.

TABLE V.—Deaths of Sheffield Residents in the Year 1964 Classified according to Disease, Sex and Age-Periods

<i>Cause of death</i>	<i>Sex</i>	<i>All Ages</i>	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES ...	M	3,250	91	9	8	35	138	1,065	907	997
	F	2,765	56	15	10	22	76	489	710	1,387
TOTALS ...		6,015	147	24	18	57	214	1,554	1,617	2,384
1. Tuberculosis, respiratory	M	36	—	—	—	—	4	13	10	9
	F	4	—	—	—	—	—	2	1	1
2. Tuberculosis, other ...	M	1	—	—	—	—	—	1	—	—
	F	1	—	—	—	1	—	—	—	—
3. Syphilitic disease ...	M	5	—	—	—	—	—	3	—	2
	F	2	—	—	—	—	—	2	—	—
4. Diphtheria ...	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
5. Whooping cough ...	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis ...	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
8. Measles ...	M	2	1	1	—	—	—	—	—	—
	F	4	—	—	—	3	1	—	—	—
9. Other infective and parasitic diseases ...	M	2	—	—	—	—	—	1	1	—
	F	6	—	—	—	1	—	2	2	1
10. Malignant neoplasm, stomach ...	M	112	—	—	—	—	3	57	30	22
	F	66	—	—	—	—	1	16	16	33
11. Malignant neoplasm, lung and bronchus ...	M	283	—	—	—	1	6	153	87	36
	F	30	—	—	—	—	3	16	9	2
12. Malignant neoplasm, breast ...	M	1	—	—	—	—	—	—	—	1
	F	92	—	—	—	1	6	45	22	18
13. Malignant neoplasm, uterus ...	M	—	—	—	—	—	—	—	—	—
	F	38	—	—	—	—	3	17	8	10
14. Other malignant and lymphatic neoplasms	M	288	1	—	1	1	18	111	83	73
	F	253	—	—	1	1	9	87	79	76
15. Leukaemia, aleukaemia	M	19	—	1	1	1	4	3	7	2
	F	12	—	—	1	—	3	5	3	—
16. Diabetes ...	M	13	—	—	—	—	1	4	5	3
	F	23	—	—	—	—	—	5	7	11
17. Vascular lesions of nervous system ...	M	333	—	—	—	—	8	83	105	137
	F	466	—	—	—	—	3	48	138	277
18. Coronary disease, angina ...	M	737	—	—	—	2	24	332	221	158
	F	419	—	—	—	—	5	76	156	182
19. Hypertension with heart disease...	M	41	—	—	—	—	1	9	15	16
	F	61	—	—	—	—	—	6	17	38
20. Other heart disease ...	M	253	—	—	—	—	7	33	69	144
	F	366	—	—	—	1	8	39	64	254
21. Other circulatory disease	M	175	1	—	—	—	3	16	36	119
	F	250	—	—	—	—	3	13	40	194
22. Influenza...	M	5	—	—	—	—	—	2	3	—
	F	8	—	—	—	—	—	—	1	7
23. Pneumonia ...	M	128	6	—	—	2	2	16	32	70
	F	140	7	4	1	1	4	21	19	83
24. Bronchitis ...	M	357	3	—	—	—	2	118	122	112
	F	134	3	—	—	3	3	24	40	61
25. Other diseases of respiratory system ...	M	28	3	—	—	1	2	6	9	7
	F	17	3	—	—	—	4	3	1	6
26. Ulcer of stomach and duodenum ...	M	31	—	—	—	—	1	12	10	8
	F	13	—	—	—	—	—	1	9	3
27. Gastritis, enteritis and diarrhoea ...	M	16	6	1	—	—	—	5	2	2
	F	24	2	1	—	—	2	1	8	10
28. Nephritis and nephrosis	M	14	—	—	—	—	3	4	6	1
	F	22	—	—	1	1	3	5	4	8
29. Hyperplasia of prostate	M	20	—	—	—	—	—	2	3	15
	F	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion ...	M	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	1	—	—	—
31. Congenital malformation	M	31	17	1	2	3	4	3	—	1
	F	21	15	5	—	1	—	—	—	—
32. Other defined and ill-defined diseases ...	M	175	51	2	2	3	9	41	37	30
	F	177	26	5	4	4	5	30	39	64
33. Motor vehicle accidents	M	42	—	—	1	13	10	9	3	6
	F	25	—	—	1	1	2	9	7	5
34. All other accidents ...	M	66	2	3	1	8	15	13	6	18
	F	67	—	—	1	1	1	6	15	43
35. Suicide ...	M	34	—	—	—	—	10	15	4	5
	F	22	—	—	—	1	6	10	5	—
36. Homicide and operations of war ...	M	2	—	—	—	—	1	—	1	—
	F	1	—	—	—	1	—	—	—	—

TABLE VI.—Population, Births and Deaths and Birth Rates and Death Rates in Sheffield and in England and Wales, in 1964, and previous years

Year	Population (Estimated)	SHEFFIELD				ENGLAND AND WALES	
		Live Births		Deaths		Birth Rate per 1,000 of population	Death Rate per 1,000 of population
		Number of births	Birth Rate per 1,000 population	Number of deaths	Death Rate per 1,000 population		
1861	186,375	7,561	40·5	4,610	24·7	34·6	21·6
1871	241,506	9,674	40·4	6,843	28·3	35·0	22·6
1881	284,508	10,814	38·0	5,909	20·7	33·9	18·9
1891	325,547	11,862	36·4	7,775	23·9	31·4	20·2
1901	410,151	12,766	33·0	7,891	20·4	28·5	16·9
1911	455,817	12,623	27·7	7,335	16·1	24·4	14·6
1921	519,239	11,907	23·8	6,284	12·5	22·4	12·1
1922	522,600	10,804	20·7	6,097	11·7	20·4	12·8
1923	524,200	10,195	19·4	6,012	11·5	19·7	11·6
1924	525,000	9,712	18·5	6,110	11·6	18·8	12·2
1925	526,900	9,321	17·7	6,078	11·5	18·3	12·2
1926	523,300	9,013	17·2	5,927	11·3	17·8	11·6
1927	524,900	8,526	16·2	6,436	12·3	16·7	12·3
1928	515,400	8,438	16·4	6,099	11·8	16·7	11·7
1929	518,000	7,976	15·4	6,850	13·2	16·3	13·4
1930	517,700	7,831	15·1	5,675	11·0	16·3	11·4
1931	517,300	7,777	15·0	5,839	11·3	15·8	12·3
1932	513,000	7,393	14·4	5,976	11·6	15·3	12·0
1933	511,820	7,178	14·0	6,117	12·0	14·4	12·3
1934	520,950	7,530	14·5	5,886	11·4	14·8	11·8
1935	520,500	7,676	14·7	6,193	11·9	14·7	11·7
1936	518,200	7,884	15·2	6,334	12·2	14·8	12·1
1937	518,200	7,962	15·4	6,492	12·5	14·9	12·4
1938	520,000	8,144	15·7	5,906	11·4	15·1	11·6
1939	522,000	8,192	15·7	6,201	12·0	15·0	12·1
1940	496,700	7,702	15·5	7,538	15·2	15·2	14·4
1941	483,320	7,477	15·5	6,583	13·6	14·9	13·5
1942	479,400	7,958	16·6	5,697	11·9	15·8	12·3
1943	474,100	8,613	18·2	6,215	13·1	16·5	13·0
1944	474,180	10,072	21·2	5,905	12·5	17·6	12·7
1945	476,360	8,629	18·1	5,968	12·5	17·8	12·6
1946	500,400	10,073	20·1	6,167	12·3	19·1	12·0
1947	508,370	10,522	20·7	6,260	12·3	20·6	12·0
1948	514,400	9,107	17·7	5,797	11·3	17·9	10·8
1949	513,700	8,087	15·7	6,431	12·5	16·7	11·7
1950	515,000	7,370	14·3	5,883	11·4	15·8	11·6
1951	510,000	7,233	14·2	6,633	13·0	15·5	12·5
1952	510,900	7,005	13·7	5,937	11·6	15·3	11·3
1953	507,600	7,055	13·9	6,041	11·9	15·5	11·4
1954	503,400	6,867	13·6	5,821	11·6	15·2	11·3
1955	501,100	6,756	13·5	5,934	11·8	15·0	11·7
1956	499,000	7,040	14·1	5,852	11·7	15·7	11·7
1957	498,500	7,519	15·1	5,785	11·6	16·1	11·5
1958	498,800	7,656	15·3	5,865	11·8	16·4	11·7
1959	499,400	7,709	15·4	5,860	11·7	16·5	11·6
1960	499,610	7,829	15·7	5,810	11·6	17·1	11·5
1961	494,650	8,157	16·5	6,477	13·1	17·4	12·0
1962	495,240	8,612	17·4	6,282	12·7	18·0	11·9
1963	495,290	8,396	17·0	6,256	12·6	18·2	12·2
1964	490,930	8,400	17·1	6,015	12·3	18·4	11·3

Population at earlier dates :—14,105 in 1736 ; 45,755 in 1801 ; 53,231 in 1811 ; 65,275 in 1821 ; 91,692 in 1831 ; 111,091 in 1841 ; 135,310 in 1851.

The City was extended on 31st October, 1901 ; 1st April, 1912 ; 1st October, 1914 ; 9th November, 1921 ; 1st April, 1929 ; and 1st April, 1934.

Marriages.—There were 3,917 marriages in 1964 and the marriage rate (or persons married per 1,000 of the population) was 15·9. The 1964 rate was higher than the England and Wales rate which was 15·1. The following table gives details of marriages in Sheffield during the period 1959 to 1964 and a comparison of the Sheffield marriage rate with that of England and Wales.

TABLE VII.—Marriages and Marriage Rates in Sheffield and in England and Wales, years 1959 to 1963 and year 1964

Year	Total Number of Marriages in Sheffield	Persons Married per 1,000 of the population	
		Sheffield	England and Wales
1959	3,849	15·4	15·0
1960	3,914	15·7	15·0
1961	3,847	15·6	15·1
1962	3,875	15·6	14·9
1963	3,670	14·8	14·9
Average (Quinquennium 1959-1963)	3,831	15·4	15·0
1964	3,917	15·9	15·1

Cremations.—A total of 3,926 cremations was carried out during the year at the City Road Crematorium and in each case the documents were examined by the Medical Officer of Health or his Deputy who are accepted referees for this purpose. Details of cremations carried out during the previous five years are as follows :—

1959	...	...	...	...	...	4,377
1960	...	...	...	...	...	4,077
1961	...	...	...	...	...	4,400
1962	...	...	...	...	...	4,012
1963	...	...	...	...	...	3,906

Medical Examinations.—The Department was again responsible for the medical examination of certain Corporation staff for sickness and superannuation purposes. Examinations, which totalled 2,983 were undertaken for all Departments except Education, Police and Fire Brigade. Of those examined, 1,477 or 49·5% were members of the Transport Department.

Notification of Infectious Disease.—The table which follows shows the number of cases which occurred of each of the infectious and other notifiable diseases during the year 1964. Notifications of each disease are tabulated in specified age groups.

TABLE VIII.—Cases of Infections and other notifiable Disease during the year 1964 classified under age periods

NOTIFIABLE DISEASE	Number of Cases Notified								At all Ages
	At Specified Age Periods								
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and up- wards	
Smallpox	—	—	—	—	—	—	—	—	—
Measles	191	2,411	1,475	27	15	—	—	—	4,119
Whooping cough	29	123	56	4	1	1	—	1	215
Scarlet fever	1	138	235	5	1	—	1	—	381
Diphtheria	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—
Paratyphoid	—	—	—	—	—	—	—	—	—
Puerperal pyrexia	—	—	—	15	21	3	—	—	39
Erysipelas	—	—	1	—	2	3	17	5	28
Meningococcal infection	1	3	—	1	—	—	—	—	5
Acute poliomyelitis—									
Paralytic	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—
Ophthalmia									
neonatorum	2	—	—	—	—	—	—	—	2
Pneumonia	10	22	19	27	20	28	123	143	392
Malaria	—	—	—	—	1	—	—	—	1
Dysentery	15	133	160	24	26	18	12	3	391
Acute encephalitis—									
Infective	—	—	—	1	—	—	—	—	1
Post-infectious	—	—	—	1	—	—	—	—	1
Food poisoning	4	6	3	3	1	1	3	2	23
Tuberculosis of respira- tory system	1	—	4	25	42	41	69	34	216
Other forms of tuber- culosis... ..	—	—	2	4	8	8	2	5	29
Acute rheumatism	—	—	1	—	—	—	—	—	1
TOTALS	254	2,836	1,956	137	138	103	227	193	5,844

Measles.—During 1964, there were 4,119 notifications of measles, most of these being reported in the second half of the year. The incidence rate was 8·39 per 1,000 population as against a rate of 14·49 in 1963. Six deaths from this cause were recorded, giving a mortality rate of 0·01 per 1,000 population, the same as that for 1963. Of the six deaths, four were of severely subnormal females, aged 15-26 years—the remaining two were young children.

The investigation of the complications of measles, which was undertaken at the request of the Public Health Laboratory Service in 1963, was carried a stage further in 1964. The second stage involved a more detailed follow-up of a small proportion of the cases studied in 1963; 513 out of the original 5,466 cases were selected for this purpose. Information was sought from parents and general practitioners in order to complete the follow-up cards.

The parents of the four Sheffield children who were found to have had encephalitis or impaired consciousness during the attack of measles, and who had been offered special investigation in 1963, were again offered special investigation in 1964. The parents of two children agreed to co-operate.

Scarlet Fever.—There were 381 notifications of scarlet fever in 1964 and the attack rate was 0·77 per 1,000 population as compared with 1·10 per 1,000 in 1963. There were no deaths.

Diphtheria.—Again there were no notifications of diphtheria and the City has now been free of this disease since 1952.

Whooping Cough.—A total of 215 cases of whooping cough was notified in 1964, giving an incidence rate of 0·43 per 1,000 population. In 1963, the incidence rate was 0·06 per 1,000, the lowest recorded since the disease became notifiable in 1939. There were no deaths during the year.

Smallpox.—No cases of smallpox have been notified in the City since 1947.

Typhoid Fever.—There were no cases of typhoid fever during the year.

Paratyphoid Fever.—Again, no notifications were received during the year.

Enteritis and Diarrhoea under two years of age.—Mortality from this group of diseases, stated per 1,000 live births was 1·07 as compared with a rate of 0·83 in 1963.

Dysentery.—Notified cases numbered 391, a marked increase over the previous year's figure of 185. The cases were all of the Sonne type and the attack rate was 0·79 per 1,000 population as against a rate of 0·37 in 1963.

Food Poisoning.—Notifications of food poisoning during the year numbered 23, most of these being due to salmonella typhi-murium; the one death registered was, however, due to Cl. welchii.

Meningococcal Infection.—Five cases of meningococcal infection were notified in 1964, the incidence rate being 0·01, the same as that for 1963. No deaths from this cause were registered during the year.

Acute Poliomyelitis.—For the second successive year no cases of poliomyelitis were notified.

Acute Encephalitis.—Only one case was notified in 1964 and there were no deaths. In 1963, there were four cases, all adults who died.

Post Infectious Encephalitis.—The one case notified during the year survived. In 1963, three cases were notified and two died.

Malaria.—One case, contracted abroad, was notified during the year.

Influenza.—Deaths from influenza numbered 13 giving a mortality rate of 0·026 per 1,000 population as against the rate of 0·032 per 1,000 in 1963. The average City rate for the five years 1959-1963 was 0·096.

Pneumonia.—During the year there were 392 notified cases of pneumonia in the City, giving an incidence rate of 0·80 per 1,000 population, very slightly higher than the 1963 rate of 0·79 per 1,000. A total of 268 persons died from this cause—128 males and 140 females—and the death rate was 0·55 per 1,000 population as against the rate of 0·52 per 1,000 in 1963. The average death rate for the quinquennium 1959-1963 was 0·47 per 1,000 population.

Bronchitis.—Deaths from bronchitis, which have shown a steady increase since 1959, declined in 1964 to 491 as compared with the 1963 figure of 509. The death rate from this cause was 1·00 per 1,000 population, slightly lower than the 1963 rate of 1·03 but still higher than the average rate of 0·89 for the five years 1959-1963. Figures given below show the number of deaths of Sheffield residents during the years 1954-63, also the death rates per 1,000 population for Sheffield and for England and Wales.

Year	Number of Deaths			Rate per thousand population			
	M.	F.	Total			Sheffield	England and Wales
1954	252	77	329	...	...	0·654	0·582
1955	282	126	408	...	...	0·814	0·652
1956	262	120	382	...	...	0·766	0·670
1957	294	109	403	...	...	0·808	0·603
1958	305	111	416	...	...	0·834	0·652
1959	288	114	402	...	...	0·805	0·640
1960	339	99	438	...	...	0·877	0·579
1961	316	156	472	...	...	0·954	0·679
1962	360	140	500	...	...	1·009	0·713
1963	379	130	509	...	...	1·027	0·751

Tuberculosis.—There were 216 primary notifications of tuberculosis of the respiratory system in 1964, and the incidence rate was 0·44 per 1,000 population as against 0·45 per 1,000 in 1963. There were 29 notifications of other forms of tuberculosis, giving an incidence rate of 0·06 per 1,000 population.

Deaths from tuberculosis of the respiratory system numbered 40, of which 36 were males and four females. In 1963 there were 36 deaths from this cause, 32 males and four females. The mortality rate from this cause of

death was 0·081 per 1,000 population in 1964, compared with a rate of 0·073 in 1963 and an average rate of 0·100 for the five years 1959-1963. The provisional England and Wales rate for 1964 was 0·047 per 1,000 population.

There were two deaths from other forms of tuberculosis. The death rate was 0·004 per 1,000 of the population as compared with 0·012 in 1963 while the average rate for the five years 1959-1963 was 0·007; the provisional England and Wales rate in 1964 was 0·006.

Death rates from tuberculous diseases per thousand of the population for Sheffield and for England and Wales in the ten years, 1955 to 1964, are given in the table below:—

TABLE IX.—Death Rates per thousand population from Tuberculosis, ten years, 1955 to 1964

Year	Respiratory System		Other Forms		All Forms	
	Sheffield	England and Wales	Sheffield	England and Wales	Sheffield	England and Wales
1955	0·216	0·131	0·022	0·015	0·238	0·146
1956	0·184	0·109	0·020	0·012	0·204	0·120
1957	0·144	0·095	0·022	0·012	0·166	0·107
1958	0·110	0·089	0·004	0·011	0·114	0·099
1959	0·126	0·077	0·006	0·008	0·132	0·085
1960	0·108	0·068	0·002	0·007	0·110	0·075
1961	0·085	0·065	0·006	0·007	0·091	0·072
1962	0·111	0·059	0·012	0·007	0·123	0·066
1963	0·073	0·056	0·012	0·007	0·085	0·063
1964	0·081	0·047	0·004	0·006	0·085	0·053

Acute Rheumatism.—The Acute Rheumatism Regulations, originally made in 1947 for a trial period of three years, were continued in 1950. After lapsing for a short period, they were renewed in 1954 and extended indefinitely in 1958. Certain selected areas of the country, of which Sheffield is one, have therefore been able to increase their experience of the notification of this disease in children up to 16 years of age. Only one case of rheumatism was notified during the year and this was confirmed. For comparison the annual notifications of acute rheumatism for the years 1948-1964 are given below:—

Notifications of Acute Rheumatism in Sheffield, 1948-64

Year	Cases notified		Year	Cases notified	
1948	...	143 (116)	1957	...	20 (19)
1949	...	52 (44)	1958	...	14 (11)
1950	...	91 (72)	1959	...	18 (16)
1951	...	30 (27)	1960	...	21 (17)
1952	...	39 (31)	1961	...	13 (4)
1953	...	68 (59)	1962	...	13 (10)
1954	...	37 (33)	1963	...	9 (7)
1955	...	21 (16)	1964	...	1 (1)
1956	...	34 (28)			

(Figures in brackets represent number confirmed out of the total notifications).

Cancer.—Deaths from cancer during the year 1964 numbered 1,194 of which 703 were males and 491 females. The death rate was 2·432 per 1,000 of the population as against a rate of 2·434 in 1963.

Deaths from cancer of the lung and bronchus numbered 313 giving a rate of 0·637 per 1,000 population for the year. In common with other industrial areas, the death rate of the City is consistently higher than for the country as a whole, as is shown in the following statement:—

Cancer of the Lung, Bronchus

<i>Year</i>					<i>Number of Deaths</i>	<i>Rate per one thousand population</i>	
					<i>Sheffield</i>	<i>Sheffield</i>	<i>England and Wales</i>
1954	...	...	...	...	261	0·518	0·369
1955	...	...	...	...	242	0·483	0·389
1956	...	...	...	...	267	0·535	0·407
1957	...	...	...	...	258	0·517	0·426
1958	...	...	...	...	282	0·565	0·439
1959	...	...	...	...	286	0·573	0·464
1960	...	...	...	...	280	0·560	0·481
1961	...	...	...	...	325	0·657	0·494
1962	...	...	...	...	326	0·658	0·510
1963	...	...	...	...	303	0·611	0·519
1964	...	...	...	...	313	0·637	0·535

The numbers of deaths under the detailed sub-headings of cancer classified accordingly to sex and in age periods, are given in table V on page 7.

Below is a table which gives details of deaths of Sheffield residents from all forms of cancer in the period 1959-1964 and a comparison of the Sheffield death rate with that of England and Wales (provisional).

TABLE X.—Cancer Mortality of Sheffield and of England and Wales for the year 1964 and the previous five years

<i>Year</i>	<i>Deaths of Sheffield Residents</i>			<i>Death Rate per 1,000 of the Population</i>	
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Sheffield</i>	<i>England and Wales</i>
1959	647	468	1,115	2·23	2·14
1960	624	486	1,110	2·22	2·15
1961	741	502	1,243	2·51	2·16
1962	692	537	1,229	2·48	2·17
1963	652	554	1,206	2·43	2·17
5 yrs' av'ge (1959-63)	671	509	1,181	2·37	2·16
1964	703	491	1,194	2·43	2·21

CARE OF MOTHERS AND YOUNG CHILDREN

(Maternity and Child Welfare)

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*“Before I got married I had six theories about bringing up children;
now I have six children and no theories.”—Earl of Rochester (17th Century)*

The promotion of health is a continuous process, improving on the health of preceding generations, and attempting to make life better for the children that follow. Maternal and child welfare in particular includes all aspects of preventive care—care for the mother and the child, so that the needs of the whole child, the family and everything to do with the child are met. In this way it is hoped that as far as possible, the health, physical, mental, emotional and social, of future generations will be safeguarded.

Notification of Births.—Notification of births is a measure designed to ensure that each baby born is recognised as someone for whose welfare the local authority has a measure of responsibility. In 1964, 9,950 live births and 174 still births, a total of 10,124 births was notified.

The following table shows the number of births taking place in hospital, nursing home or at home.

<i>Notifications of Birth</i>				<i>Details relating to Sheffield women</i>		
				<i>No. of confs.</i>	<i>Live births</i>	<i>Still births</i>
At Home—						
By private medical practitioners	...	1,139		1,132	1,122	16
By midwives	...	1,690		1,679	1,674	6
			2,829			
In Nursing Homes	...		372	369	372	—
In Hospitals—						
City General Maternity Hospital	...	2,410		2,170	2,156	61
Nether Edge Maternity Hospital	...	1,747		1,618	1,617	12
Jessop Hospital for Women	...	2,766		1,823	1,798	72
			6,923			
TOTAL	...		10,124			

Inevitably a proportion of notified births relate to cases where the mother was only temporarily resident in the City, hence the discrepancy between the numbers shown above and those appearing elsewhere in the Report.

Where Sheffield patients are concerned it is noted that 63·8% of confinements took place in hospital, but it is known that the demand for hospital confinements still far exceeds the supply of available beds. The

local authority maternity service is allotted a certain number of hospital beds in the City General Hospital and Nether Edge Hospital, to which antenatal patients attending the welfare clinics may be booked. Below is shown the relationship between requests made regarding place of confinement by patients attending the local authority clinics, and the allocation of bookings.

Number of patients attending for first time	...	...	...	...	...	4,177
Number requesting hospital confinement	...	...	...	...	...	3,056
Number allocated hospital bed	...	...	...	...	...	2,479
Number booked for home confinement	...	...	...	...	...	577
Number requesting home confinement	...	...	...	...	...	736
Number booked for home confinement	...	...	...	...	...	685
Number allocated hospital bed	...	...	...	...	...	51
Other arrangements	...	...	...	...	...	385
Left the City	...	...	...	...	...	101
Booked to nursing home	...	...	...	...	...	4
Booked to Jessop Hospital	...	...	...	...	...	28
Booked to Hallamshire Maternity Home	...	...	...	...	...	42
Miscarried or not pregnant	...	...	...	...	...	207
Unable to trace	...	...	...	...	...	3

In addition 2,194 patients who had not attended the antenatal clinic, but who had booked their own doctor, were allocated a midwife for home confinement.

It is seen that 81% (3,401) of the new patients attending the local authority clinics, would have liked to be delivered in hospital, but of this number only 72.6% could be given a bed. This problem applies to hospital antenatal clinics also, and with such a general difficulty, the planned co-ordination of the activities of all the people carrying out maternity care is essential. In Sheffield, the local Maternity Liaison Committee, functioning since 1959, has met at regular intervals.

Where patients are attending the local authority clinics it is usually possible to make definite arrangements for confinement within a week or two of the first attendance. Patients arriving late in pregnancy present a difficulty, as these are very often women who on medical or social grounds, would be better in hospital, and the quota of beds is often perilously near filled by the time they arrive. Patients attending the local authority clinics are assessed for place of confinement on medical or social grounds, and the hospitals also refer to these clinics, patients who are medically suitable for home confinement, but whose social conditions need assessing. All patients thought to need a bed on medical grounds are offered one. When an expectant mother is booked to have her baby at home, the local authority's concern is not only with the actual obstetrical care (antenatal

supervision, the services of the domiciliary midwife, suitable analgesia, but with the patient's social needs, especially in arranging for the care of other children in the family and the provision of adequate domestic help in the home through the medium of the Home Help Service (p. 79).

More hospital beds for actual delivery are being made available by the system of early discharge after delivery. The patients for whom early discharge is arranged are generally those for whom hospital delivery is advisable on medical grounds, and whose social conditions are otherwise satisfactory; only cases booked to hospital for social reasons remain there for the usual period of 10 days. Some of the early discharges are planned from the beginning of pregnancy, some at a later stage, but the earlier this can be done, the easier it is to ensure that a satisfactory service can be provided for subsequent care at home. (p. 33).

Antenatal Clinics.—In the administration of the maternity services there were three principal clinics at the end of 1964—Orchard Place, Firth Park and Manor centres; in addition antenatal sessions were held at 16 subsidiary centres*. During 1964, a total of 2,909 sessions was held. The type of antenatal clinic falls into two categories:—

- (i) Those conducted by the clinic doctor, at which there were 43,557 attendances, dealing with hospital booked cases and domiciliary cases to be attended by a midwife only.
- (ii) Those conducted by midwives alone, at which there were 3,437 attendances, consisting of domiciliary cases where the general practitioner has been booked for confinement, referral when necessary being directly to the doctor concerned.

The following is a survey of 3,775 patients who were confined during the year 1964 and who attended the local authority clinics; 2,563 patients were confined in hospital, 1,153 were delivered at home, 51 were delivered in the Hallamshire Maternity Home and eight in a private nursing home. In addition 138 miscarried, 152 left the City before confinement, 223 were not pregnant and four patients removed and were not traced.

The confinements, which include 44 sets of twins, resulted in 3,759 live births and 60 still births.

Details of the deliveries are as follows:—

City General Hospital—1,120 patients. There were 24 sets of twins resulting in 1,116 live births and 28 still births (581 males and 563 females). 174 patients were booked for home delivery but were referred to the City General Hospital later in pregnancy on account of some abnormality and were delivered in hospital. 28 patients booked to Nether Edge were delivered in City General. Babies who died under one month numbered 20.

*Sessions at the new clinic at Newfield Green commenced in June, 1964

Nether Edge Hospital—1,274 patients. Seven sets of twins resulting in 1,269 live births and 12 still births (643 males and 638 females). Five babies died under one month.

Jessop Hospital for Women—169 patients. There were six sets of twins resulting in 165 live births and 10 still births (103 males and 72 females). Of the above, 57 patients were booked to Nether Edge Hospital and referred to the Jessop Hospital for delivery; three patients had previously been booked to the City General Hospital and 99 patients had booked a home confinement. Four babies died under one month.

Hallamshire Maternity Home—51 patients. There were 51 live births (28 males and 23 females).

Home Deliveries—1,153 patients who attended the clinic were booked to a midwife and were delivered at home. There were seven sets of twins resulting in 1,150 live births and 10 still births (619 males and 541 females). Five babies died under one month.

Private Nursing Home—Eight patients were delivered in a nursing home. There were eight live births (6 males and 2 females).

Antenatal Care.—Every expectant mother attending the local authority clinic is examined medically with a view to assessing her general medical and obstetrical health. It is sometimes necessary to carry out laboratory tests to ascertain whether the woman is pregnant; during 1964, 173 such tests were carried out.

Chest Examination.—Antenatal patients who had not had a recent chest X-ray were referred to a radiography unit. In 236 cases, where there was a history of tuberculosis in the patient herself, or in the family or close contacts, she was advised to attend the Chest Clinic with a view to examination and discussion regarding B.C.G. for the coming baby. Two patients were found to have an active tuberculous infection.

Blood Examination.—It is important that in the case of every expectant mother, information should be available regarding her blood group and rhesus factor, whether or not there is any evidence of venereal infection, and whether or not she is anaemic. Relevant blood samples are obtained from every patient attending the clinics, and the general practitioners also refer for this purpose, patients booked for home confinement under their care. During 1964 the following samples were examined:—

Grouping and rhesus factor	...	...	...	...	...	3,383
Wasserman, Kahn, etc.	...	...	...	...	...	5,193
Haemoglobin	...	...	...	...	...	7,883

Rhesus Factor.—A knowledge of the rhesus factor is essential both from the aspect of enabling the mother to receive completely compatible blood, should transfusion be needed, and also of being able to predict from the presence of antibodies in the blood, whether the baby is likely to suffer from haemolytic disease of the newborn, a condition giving rise to varying degrees of anaemia, jaundice and possible disabilities in the child. Where antibodies are known to be present, hospital confinement is necessary; special vigilance can be maintained during pregnancy and at the time of birth, so that if needed, appropriate treatment for the baby can be instituted without delay. The number of women attending the local authority clinics for blood tests and who were found to have antibodies present numbered 46.

In the majority of these cases, labour was induced at 36-38 weeks, the optimum time being when the size of the baby is thought reasonable for a good chance of survival, and before the concentration of antibodies becomes too dangerous. 38 babies were born alive, and there were eight stillbirths, but in two of these cases, there was doubt as to whether the rhesus incompatibility had a great deal of bearing on the outcome.

Of the 38 babies born alive 19 were affected to a greater or lesser degree, but only seven of these needed exchange transfusion, the remainder being kept under observation. Two of the latter were twins who died soon after birth from extreme prematurity: the remaining ten babies thrived.

Tests for Venereal Disease.—During 1964, 5,055 specimens were examined at the Public Health Laboratory for evidence of venereal disease, and as a result of these tests, 25 patients were found to have evidence of infection and were referred to the special clinic for treatment. Of these, 15 were women already known to have had an infection in the past and they were given supplementary treatment; 10 were new cases in the sense that there was no record of a previous blood test or one that showed a positive result. The majority of the patients were suffering from acquired syphilis or yaws; three had congenital syphilis; there were three cases of gonococcal infection and one combined syphilis and gonorrhoea. Of the total number of patients 15 were West Indians and the remaining 10 were European. Three patients left the district, two patients were not pregnant, one miscarried and there was one stillbirth which was attributed to post maturity rather than to the specific infection. The remaining 18 pregnancies resulted in live babies, all of whom would attend the special clinic with their mothers a few weeks after birth, when further tests on the child and mother would be carried out.

Haemoglobin Estimations.—The haemoglobin estimation, showing whether or not a person is anaemic, is one index of the general health and nutrition of the antenatal patient. It is important that any anaemia should be corrected from an early stage in the pregnancy, benefiting not only the patient herself, but lessening the risk of complications occurring which could also adversely affect the vitality of the baby. On first attendance, 40 patients were found to have a severe degree of anaemia (haemoglobin 60% and below) and 103 others a moderately severe degree (haemoglobin 70% and below). 17 of the total 143 were immigrant women.

In addition all patients are advised to have a repeat haemoglobin estimation about the 28th-30th week of pregnancy to make sure that no anaemia has developed during the pregnancy itself. A few cases of anaemia, especially those failing to respond to iron therapy, require special investigation which is also carried out at the City General Hospital laboratory. These cases are mainly due to a deficiency of folic acid, which gives rise to a characteristic form of anaemia recognisable by laboratory methods, and these cases too, respond well to appropriate treatment with folic acid in addition to iron; there were eight such cases amongst the clinic patients in 1964.

Other Tests.—The Public Health Laboratory also carried out further miscellaneous tests such as:—

Vaginal and cervical swabs	...	...	...	...	...	280
Cervical and urethral smears	...	...	...	...	...	287
Urine examination	...	...	...	...	...	207

Dental Treatment.—Under arrangements made between the Health and Education Committees. 55 patients received dental treatment at the school dental clinic.

Health Education.—All expectant mothers attending the local authority antenatal clinics, and any others wishing to do so, are invited to attend mothercraft classes taken by health visitors and midwives who, through the medium of talks and discussion, are responsible for group health education during pregnancy. The topics discussed range from the anatomy and physiology of pregnancy and labour, diet, care of the baby, general worries and anxieties arising during pregnancy; instruction in relaxation exercises is also given. During each course of classes, one evening is set apart for films and discussion with both the patients and their husbands. (see page 90.)

Preventive Psychiatry.—This service, started in 1961, was designed to prevent maladjustment between mother and child. It is realised that as well as a responsibility for the physical well-being of the mother, we have also a concern that her mental and emotional adjustment to pregnancy should also be as healthy as possible, as mental ill health has its effects on the full development of the child. A great many anxieties, fears and tensions may not come to light in the course of an ordinary antenatal clinic. For the purpose of allowing the expectant mother opportunity to talk at leisure and to be given help in resolving difficulties, the Senior Medical Officer for Social Psychiatry has been available for interview at special sessions at Orchard Place, Firth Park and Manor centres.

						<i>New Cases</i>	<i>Attendances</i>
Orchard Place	...	...	...	...	...	104	229
Manor	...	...	...	...	...	68	192
Firth Park	...	...	...	...	...	23	62

Extra-marital Pregnancy.—One of the constantly recurring problems in the antenatal clinics is that of the extra-marital pregnancy; many of these present difficulties from several aspects, both obstetrical, medical, and more particularly social and emotional.

During 1964, 448 women and girls were unmarried when they attended the antenatal clinic for the first time; in addition to these, there were also 11 patients who were either separated from their husbands, widowed or divorced. Of the unmarried patients 14 came from out of Sheffield, and three returned home before they were confined. 20 patients were co-habiting with the father of the baby and 165 married before the baby was born.

There were 58 ‘unmarried’ West Indian women and two Nigerian women, but it is recognised that in the great majority of these patients, the pregnancy was the outcome of a relationship, which though not including legalised marriage, was included within the framework of their own culture, and so had not the same significance as in the case of a European woman.

The ages of the patients were as follows:—

Under 18 years	...	...	108
18 to 21 years	...	...	179
Over 21 years	...	...	172

Of the 459 patients having illegitimate pregnancies, 342 were primi-gravidae and 117 multigravidae.

At the time of attendance at clinic 196 girls lived at home, 254 in rooms and nine in institutions.

As much help as possible is given to these patients in the way of arrangements for confinement, including where necessary, admission to the Mother and Baby Home or similar homes run by religious or voluntary organisations.

442 patients requested hospital confinement and 17 preferred to remain at home.

For those requesting hospital confinement arrangements were made as follows: 354 were booked to Nether Edge, City General and Jessop Hospitals and 32 were booked for home confinement. (The latter consisted chiefly of girls who were later married and had adequate accommodation at home).

Five patients booked a private nursing home, eight miscarried, 25 left the City before confinement, 15 were not pregnant, and three could not be traced and were presumed to have left Sheffield.

Of the 17 requesting home confinement, seven were considered unsuitable and were booked to the City General Hospital and ten were booked for home confinement.

During 1964, 30 expectant mothers had some period of residence in the Mother and Baby Home, the average length of stay being 30 days antenatally and 27 days postnatally. Admissions were also arranged to St. Agatha's Church of England Hostel, Broomgrove Road, and St. Margaret's Girls' Rescue and Maternity Home, Leeds (Roman Catholic). A few patients came from the House of Help, and there were also a few girls from the Remand Home.

Outcome of Pregnancy.—In 1964, the 3,775 confinements in patients attending the local authority clinics for antenatal care resulted in 3,759 live births and 60 stillbirths; there were 44 sets of twins. Of the 3,759 live births, 34 died within the first four weeks of life, 25 of these within the first week.

The still births and deaths during the first week of life can be grouped together as perinatal deaths, as it is recognised that comparable causes are operating in both groups; there were 85 perinatal deaths in 3,819 live and still births amongst the patients attending the local authority clinics; this gives a rate of 22·3 per thousand but this particular set of antenatal patients is by no means representative of the total antenatal population in the City.

The following table shows an analysis of the causes of perinatal deaths.

<i>Cause</i>	<i>Number of Stillbirths</i>	<i>Number of deaths under one week</i>	<i>Perinatal Deaths</i>
Twins	6	7	13
Foetal abnormality	7	5	12
Toxaemia (maternal)	5	—	5
Ante-partum haemorrhage	9	—	9
Placental insufficiency	8	—	8
Maternal conditions	5	—	5
Difficulties in labour	12	2	14
Prematurity, no cause known	5	8	13
Mature babies, no cause found	1	1	2
Miscellaneous	2	2	4
TOTAL	<u>60</u>	<u>25</u>	<u>85</u>

The foetal abnormalities included seven cases of abnormality of the central nervous system, two congenital heart lesions and three cases of multiple abnormality. Premature babies, where no reason for the premature onset of labour is known, still constitute a high proportion of perinatal deaths; a number of these however, occurred at a stage when the baby was barely viable. The maternal conditions included cases of rhesus incompatibility (four) and recurrent pyelitis (one).

The nine deaths occurring in babies during the second, third and fourth weeks of life were due to prematurity (one), congenital abnormality (five) and infection (three). In none of the deaths during the first month of life, had the mother been discharged after 48 hours in hospital. Although a great many problems associated with unhappy endings to pregnancies have been resolved, there still remain fields in which a great deal more knowledge is needed—in the prevention of prematurity, the early detection of placental insufficiency and the way in which anoxia can be forestalled; more genetic knowledge is needed, and more information and insight into the influences which may unfavourably affect the mother and foetus in very early pregnancy.

Maternal Deaths.—There were no maternal deaths during the year.

Postnatal Clinics.—Every effort is made to encourage the mother to attend the postnatal clinics after her confinement. Some of the patients delivered in hospital are asked to return there; the general practitioner is required to examine his patient delivered at home where he has accepted responsibility for providing maternal medical services, the remainder being asked to come to the local authority clinics. The value of postnatal clinics lies in ensuring that the mother has emerged from her pregnancy and confinement in good health, in the correction of any abnormalities

found, and in counselling regarding general problems and anxieties and advice regarding further pregnancies. It is envisaged that in the future, tests for the detection of early cervical cancer will form a routine part of the postnatal examinations. In 1964, 1,351 new postnatal patients attended the clinics, and there was an overall attendance of 1,608.

Family Planning Clinics.—Family planning clinics were held at nine centres during 1964. Where it was felt that a further pregnancy would have been prejudicial to the general health of the mother, advice and instruction on contraceptive measures was given. During the year there were 367 new patients and 1,448 total attendances.

Infant Welfare Clinics.—The ordinary infant welfare clinics have gone on as usual during 1964, sessions being held for infant consultations, medical inspection, immunisation and vaccination and ultra-violet light therapy.

During 1964, a total of 6,967 new babies and children were seen at the infant consultation clinics in the 26 centres throughout the City; sessions were commenced at the new clinic, Newfield Green, in June. The total attendances were 69,928. Medical inspection clinics of pre-school children were held at all the centres, examinations being carried out at the ages of one year, 18 months, two, three, four and four and half years of age. During the year 17,464 such examinations were made. Ultra-violet light clinics were also held at Firth Park and Manor centres with a total of 1,254 attendances.

Although the general standard of physical fitness of young children has so much improved, vigilance is still needed where physical health is concerned. In all the clinics, there has been a slant towards the detection of actual handicaps and the foreseeing of potential ones, for the earlier conditions are recognised, the more amenable they may be to successful treatment. 1,802 children showed conditions listed in the table below. 59 children had two defects and 11 children had three or more defects.

<i>Defects</i>								<i>Number</i>
Skin	...	...	...	...	...	...	...	551
Tonsils (obstructing)				...	...	...	...	51
Carious teeth			...	...	...	...	...	777
Ear	...	...	...	...	...	...	...	30
Eye	...	...	...	...	...	...	...	145
Heart		...	...	...	...	...	...	14
Lungs		...	...	...	...	...	...	28
Mentally retarded		...	...	...	...	...	...	27
Poor nutrition		...	...	...	...	...	...	2
Speech	...	...	...	...	...	...	...	46
Orthopaedic	...	...	...	...	...	...	...	51
Developmental		...	...	...	...	...	...	111
Organic disease		...	...	...	...	...	...	19
Endocrine and metabolic		...	...	...	...	...	...	3

Many of the children were already under the care either of their own doctor or a hospital or both, but others were referred as follows:—378 to their family doctor, 25 to hospitals, 34 to the school clinic and 42 to the City General Hospital laboratory for blood count.

Skin Defects.—The majority of these were due to eczema; 162 children had one or more birth-marks.

Ear Defects.—Twenty children had otitis media: 80 other children were referred to the audiology clinic, one was found to be very deaf, two to be slightly deaf—in all cases the child received the appropriate care and treatment.

Eye Defects.—Strabismus (squint) was responsible for the majority of these cases. 73 children were referred to the ophthalmic department of the Royal Infirmary. There were two cases of partial blindness due to congenital cataracts; both are under hospital observation.

General diseases included six cases of anaemia and three of rickets.

Endocrine and Metabolic defects included one case of coeliac disease, one galactosaemia, and one hypothyroidism. All these children are under hospital supervision.

The cases listed above represent only the children seen at the welfare centres. More general information regarding children born with congenital abnormalities and children at risk of handicap throughout the City has been obtained through the co-operation of the hospitals, general practitioners, health visitors and clinic doctors. The names of these children have been added to the register of congenital abnormalities, or the 'at risk' register, both of which are reviewed at intervals to determine whether all necessary action has been taken and whether there is any necessity for a particular case to remain on the register.

Register of Congenital Abnormalities

The following cases have been added of babies born during 1964. Stillbirths are included so that a more complete picture of the incidence of congenital abnormalities can be obtained.

<i>Abnormality</i>	<i>Number Notified</i>	<i>Under Observation or Treatment</i>	<i>Removed from Register</i>
Alimentary Tract	27	19	3 died
Hare lip and cleft palate	16		3 no treatment
Atresias, etc.	11		needed
			2 cured
Bone and Joint	62	39	
Supernumerary digits ...	10		1 died
Webbing of digits ...	6		1 stillborn
Reduction deformities ...	6		21 cured or
Talipes—definite	20		needing no
—postural	10		treatment
Congenital dislocation of hip	2		
Miscellaneous	8		
Central Nervous System	42	8	
Spina bifida and			
hydrocephalus	9		34 died or
Spina bifida alone	10		stillborn
Hydrocephalus alone	6		
Anencephaly	16		
Microcephaly	1		
Genito-urinary	19	14	1 died
Hypospadias	11		4 no treatment
Hydrocoele	4		needed
Very minor	4		
Heart	18	14	
Definite abnormality	12		4 died
Queried	6		
Mongolism	15	14	1 died
Multiple or Special Syndromes	5	3	2 died
Respiratory	1	1	—
Choanal atresia	1		
Miscellaneous	60	31	4 cured
Naevus	18		25 no treatment
Cysts and sinuses	10		needed
Accessory auricles... ..	4		
Amyotonic congenita	1		
Minor	27		
Abnormality queried	26		26 no
			abnormality
			mainly
			macerated
			stillbirths
Total	<u>275</u>	<u>143</u>	<u>132</u>

‘At Risk Register’.—In the babies listed in the congenital abnormality register, some form of abnormality has been readily apparent. It is equally important however to try to distinguish any condition operating before, during or after birth, which though not producing obvious abnormality at birth, could be potentially injurious to the health and development of the growing child. Whenever such conditions have been present, the name of the child is added to the ‘at risk’ register, in order that progress may be observed and any special tests applied where necessary.

The following cases have been added of babies born in 1964.

Family History	...	...	...	...	...	...	...	16
Deafness	...	...	...	...	...	...	...	7
Blood defects	...	...	...	...	...	...	...	6
Metabolic defects	...	...	...	...	...	...	...	2
Other defects	...	...	...	...	...	...	...	1
Prenatal	...	...	...	...	...	...	...	108
Maternal diabetes	...	...	...	...	...	...	...	6
Maternal thyrotoxicosis	...	...	...	...	...	...	...	5
Maternal rubella—actual	...	...	...	...	...	...	...	2
—contact	...	...	...	...	...	...	...	2
Miscellaneous	...	...	...	...	...	...	...	7
Positive Wassermann	...	...	...	...	...	...	...	19
Specific to Pregnancy:—								
Blood incompatibilities	...	...	...	...	...	...	...	45
Severe toxæmia	...	...	...	...	...	...	...	12
Ante-partum hæmorrhage	...	...	...	...	...	...	...	10
Perinatal								
Premature babies (by weight and excluding 21 in categories above)	...	...	...	...	...	...	...	590
Full-time twins	...	...	...	...	...	...	...	17
Difficulties in delivery and resuscitation:—								
Mild	...	...	...	...	...	...	...	245
Severe	...	...	...	...	...	...	...	56
Jaundice (excluding blood incompatibility)...	...	...	...	...	...	...	...	30
Postnatal	...	...	...	...	...	...	...	17
Meningitis	...	...	...	...	...	...	...	4
Cold injury	...	...	...	...	...	...	...	4
Miscellaneous	...	...	...	...	...	...	...	9

These are additional to any names on the register of congenital abnormalities.

The value of the congenital abnormality register and the ‘at risk’ register lies in the fact that, with the co-operation of the hospitals and the general practitioners, it should be possible to ensure that each child and its family is receiving the maximum amount of help. Many of the babies on both registers have been under hospital supervision from birth,

e.g. babies with developmental defects, premature babies, babies difficult to resuscitate and babies showing signs of rhesus incompatibility. Any child who is not under the supervision of the hospital or family doctor is kept under observation at the clinic sessions, or at the clinic for handicapped children conducted by Dr. Parker. Cases of possible deafness are referred to the auditory clinic which Dr. Swallow organises at the school health clinic. The health visitors have been instructed by Dr. Swallow on simple screening tests for deafness which could be carried out either in the child's own home or in the clinic, and it is hoped that in this way eventually all the babies known to be 'at risk' for deafness will be screened.

Phenylketonuria Testing.—Where possible testing of babies for phenylketonuria has been carried out by the health visitors when the child is 4-6 weeks old.

Mother and Child Clinics.—We are also concerned with the prevention of behaviour problems and maladjustments in young children. The infant welfare clinic of today should give mothers every chance of discussing their child's development, while for doctors and health visitors there is the opportunity to observe the child as a developing person, and to assess all stages of his growth. In all clinics the aim should be to assist parents and prospective parents by giving skilled advice and guidance on child development in all aspects and, if possible, well in advance of the development of troublesome situations. Where difficulties are well established more specialised advice may be necessary and the Senior Medical Officer for Social Psychiatry holds special 'mother and child' sessions at Orchard Place, Firth Park and Manor. 152 children were referred to these clinics.

Disribution of Dried Milks and Nutrients.—Details of Government welfare foods issued in 1963 and 1964 are as follows:—

<i>Foods</i>	<i>Quantities Distributed</i>	
	1963	1964
National dried milk—1½ lb. tins (No. of tins)	40,003	38,213
Cod liver oil—6 oz. bottles (No. of bottles)	9,664	8,165
Orange juice—6 oz. bottles (No. of bottles)	98,723	104,029
Vitamin A and D tablets—packets of 45 tablets (No. of packets)	12,060	14,477

In addition a number of proprietary brands of dried milk and nutrients are available when ordered by the medical and health visiting staff. These commodities are supplied at approximately 10% above cost price to mothers and children attending the clinic, and free of charge in necessitous cases.

DAY NURSERIES

"A man is never too old to learn"

—Thomas Middleton (Mayor of Queensborough)

During 1964, the four day nurseries in the City at Beet Street, Darnall, Firth Park and Meersbrook Park continued to provide care from Mondays to Fridays for children from the ages of nine months to five years. Beet Street nursery is also open on Saturday mornings for children from all the nurseries.

The usual reason for admission is the necessity for the mother to go out to work, which is made possible by the nurseries being open from 7.30 a.m. to 6 p.m. Temporary care is also provided for children whose mothers are ill or having another confinement. Some children attend who are slow or indistinct in their speech, and there have been a few with behaviour problems. These children have been observed to make good progress during their time spent in the nurseries.

Each nursery is visited approximately once a month by a doctor, and each child is medically examined. Children where necessary have been referred for further medical advice.

Trained staff care for the children in buildings which are equipped with nursery furniture, toys and play apparatus. They do valuable work in providing a happy atmosphere in which the children thrive both mentally and physically.

The average daily attendance in 1964 was 125 as compared with 114 in 1963.

The following table gives the reasons for admission to the nurseries in the week ending 19th December, 1964, together with the figures for 1962 and 1963 for comparison.

<i>Reason</i>	1962		1963		1964	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Parent widow or widower	7	3	3	2	7	4
Child illegitimate	33	17	31	16	40	22
Sickness, confinement or other medical grounds	37	19	26	13	27	15
Parent divorced, separated, deserted	52	26	47	23	44	24
To enable both parents to be gainfully employed	55	28	72	37	46	26
Other reasons	15	7	18	9	17	9
TOTALS	199	100	197	100	181	100

DENTAL SERVICES

By Mr. E. COPESTAKE, L.D.S., Principal School Dental Officer

"Who hath aching teeth hath ill tenants"

—John Ray (English Proverbs)

The year 1964 gave us good reason to be concerned with the difficulties which cannot be separated from a seriously depleted staff. Less than one tenth of the school children estimated to be in need of dental treatment received it, and fewer mothers and pre-school children attended the school dental clinics. At the end of the year the staff was reduced to four of whom one dental officer has passed the age at which he may retire and a second will be leaving Sheffield quite soon. One application for a full time appointment was received during the year but the advertisements inserted in the dental journal produced no response. This journal is issued fortnightly and it is usual to find between twenty and thirty local authorities advertising for staff. There is no doubt that local authorities have done a great deal to make the life of the school dental officer more attractive and this, together with a steadily hardening competition in private practice, has led to an increase in the number of full time dental officers employed on a national level, from 716 in 1951 to 1,030 in 1963. Parts of Wales, the industrial midlands and northern areas and parts of the eastern areas of England are still inadequately staffed and the standard of dental fitness in school children is very much lower than should be tolerated. Conditions will improve as the output of newly qualified students from the Universities approach the target figure of 900 per year. With this increase, some 50% over present output, there should be little difficulty in obtaining staff either in Sheffield or anywhere else.

In addition to dental officers one auxiliary is employed, who carries out treatment in the mouth consisting of scaling teeth, filling teeth and the incidental extraction of deciduous teeth. She also visits schools regularly to give instruction on tooth cleaning and on the necessity for dental treatment. There is a considerable resistance evident in many dentists to the use of dental auxiliaries. This arises among those in 'private' practice mainly from the fear of the dilution of the profession and in some school dental officers from the fear of adverse criticism from their colleagues in practice. The national experiment, however, appears to be giving successful results.

In Sheffield experience shows that the dental auxiliary can make a very valuable contribution to the complete treatment of school children. She is able to release the dental officer from the daily routine of straightforward treatment leaving him free to deal with the more complicated

work and employ his more advanced training to improve the range and quality of his treatment. A better service to his patients will result. The use of dental auxiliaries is restricted by present regulations. A registered dentist must be available in person whenever she is giving treatment. Very good reasons exist why this ruling might be relaxed, and it would certainly remove a very real difficulty experienced by local authorities in their employment. It is the opinion of many school dentists that the dental auxiliaries are with us to stay. First introduced in New Zealand and called a school dental nurse, the treatment of school children up to twelve years of age in that country has almost entirely been carried out by auxiliaries since the early twenties. Their use has now attracted international attention. Some 8,000 dental hygienists are employed in the United States, and Malaya and Ceylon have recently built up school dental services staffed by auxiliaries.

We are still very much aware of the need for dental health education and of the fluoridation of water supplies in preventing the loss of teeth.

Acceptance of dental health education as a major campaign led to the carrying out of a pilot scheme on behalf of the Ministry of Health. This was brought to a close in July. The clinical surveys for this were completed in July 1963 and the statistical analyses to be received from the Ministry are still awaited with interest.

Preparation of the fluoridation of water supplies is almost complete and its introduction is expected during 1965. Sheffield should be amongst the first three authorities in the British Isles to have completed arrangements for fluoridation. It is fortunate that Sheffield and other local authorities are to carry out in the early part of 1965 a survey of the dental condition of 15 year old school children. This could eventually be of use as base line information for a study of the effectiveness of fluoridation in Sheffield. We know that it will be effective in reducing caries but we should like to know of the changes it will bring about in the need for staff, in the pattern of the treatment needed by children in the different age groups; and particularly in the change of attitude to dental treatment displayed by children placed in the happy position of being able to visit the dentist with a reasonable chance that his examination will reveal that no treatment is required.

MIDWIFERY

By Miss W. REDHEAD, S.R.N., S.C.M., M.T.D.

Non-Medical Supervisor of Midwives

*“Wit in conversation is, in the midwives phrase,
a quick conception and an easy delivery”*—Jonathon Swift

There was little change in the Midwifery Service during 1964. In July the establishment of midwives was increased from 57 to 66 bringing Sheffield into line with the recommended ratio of midwives to population. No difficulties were experienced in recruiting additional staff.

The increasing amount of administrative work, made necessary the appointment in October of a second Assistant Supervisor of Midwives, bringing the total supervisory staff to three.

At the end of the year 1964 the municipal midwifery staff consisted of the Supervisor of Midwives, two Assistant Supervisors of Midwives, 52 full-time midwives and ten part-time midwives directly employed by the Council. Five full-time appointments were made during the year bringing the establishment up to 60 by December, 1964.

The first Assistant Supervisor of Midwives was awarded a British Commonwealth Nurses War Memorial Scholarship and will spend three months in the early part of 1965 studying the Midwifery Services in France, the Netherlands and the Scandinavian countries.

During the year the midwives attended 2,820 confinements. The doctor was booked for 2,515 of these confinements and was present at the time of delivery in 827 cases. In addition there were 305 cases for which the midwife alone was booked, and of these a doctor was called in to assist with the actual delivery in 12 cases. In 1963, by way of comparison the midwives attended 3,074 confinements representing 2,736 where the doctor was booked and 338 where the midwife only was booked.

The midwives have continued to hold their own antenatal sessions weekly at the clinics in their areas. This gives them the opportunity of seeing their patients regularly, getting to know them personally, giving advice concerning the preparation for confinement and encouraging the mothers to attend the parentcraft classes. There were 2,605 attendances at these sessions. If for any reason booked patients cannot attend the clinic, midwives give full antenatal care to the patients in their own homes.

Visits are made by the midwives to the homes of expectant mothers who, for social reasons, apply for hospital confinement, and reports are submitted to the Senior Medical Officer (Maternity and Child Welfare) before a decision is made as to the place of confinement. Because of difficulties experienced early in the year, when a ward at the City General

Hospital had to be closed due to staff shortage, all expectant mothers booked through local authority clinics to the City General Hospital, for medical or obstetrical reasons, were visited by the domiciliary midwives to assess the suitability or not, for early discharge, should the bed situation at the hospital make this procedure necessary. Visits made for this purpose numbered 2,368 as compared with 1,114 in 1963.

Relaxation and mothercraft classes continued to be held at various centres throughout the year, and were appreciated by the expectant mothers who had taken advantage of the facilities provided.

The following statement gives a summary of the visits made by the midwives during 1963 and 1964:—

	1963	1964
Home visits during antenatal period	15,628	14,784
Nursing visits during the 10-28 days after confinement ...	46,677	43,344
Visits to mothers confined in hospital and discharged home before the 10th day	2,720	4,536
Visits to mothers booked by the hospital for delivery and discharged after 48 hours	3,585	4,297
Visits for the purpose of assessing suitability for home confinements	1,114	2,368
TOTALS	<u>69,724</u>	<u>69,329</u>

Early Discharge From Hospitals.—The number of expectant mothers who are booked to hospital for delivery only, continues to increase. Discharges prior to the 10th day numbered 2,852, an average of 238 per month. An analysis of these is shown below;—

Hospital Discharges Visited by the Domiciliary Midwives during 1964

<i>Hospitals</i>	<i>No. of Days</i>	<i>1st day</i>	<i>2nd day</i>	<i>3rd day</i>	<i>4th day</i>	<i>5th day</i>	<i>6th day</i>	<i>7th day</i>	<i>8th day plus</i>
<i>City General Hospital</i>									
Emergency cases previously transferred from the district ...		4	90	38	6	9	4	—	—
Booked for early discharge for reason of medical or obstetrical abnormality ...		—	119	39	12	7	4	2	—
Unplanned discharges (e.g. by own discharge, stillbirth, neonatal death, or due to bed shortage)		5	39	45	37	49	115	71	238
<i>Jessop Hospital</i>									
Emergency cases previously transferred from the district ...		7	87	85	13	5	2	—	—
Booked for early discharge for reason of medical or obstetrical abnormality ...		—	107	175	33	9	5	—	—
Unplanned discharges (e.g. by own discharge, stillbirth, neonatal death, or due to bed shortage)		1	16	23	21	40	255	320	128
Miscellaneous unplanned discharges (e.g. by own discharge, stillbirth, neonatal death, or due to bed shortage)		—	5	7	15	22	44	181	313
TOTALS		<u>17</u>	<u>463</u>	<u>412</u>	<u>137</u>	<u>141</u>	<u>429</u>	<u>574</u>	<u>679</u>

Transport Facilities.—Thirty-seven midwives possess their own cars. One car is provided by the Department for the use of a midwife having the care of premature babies.

Transport to deliveries for the non-drivers is provided when necessary by the Ambulance Service between the hours of 5.30 p.m. and 8 a.m., and by other Public Health Department vehicles between 8 a.m. and 5.30 p.m.

Midwifery Equipment.—All midwives employed by the Council are equipped with Oxygen Sparklets. These have proved to be of considerable value for resuscitation purposes.

Midwifery Analgesics.—During the year the midwives administered gas and air analgesia, trilene analgesia and pethilorfan as follows:—

Of the 827 confinements for which the doctor was booked and was present gas and air was administered in 197 cases, trilene in 554 cases and pethilorfan in 443 cases.

Of the 1,688 confinements for which the doctor was booked and was not present, gas and air was administered in 342 cases, trilene in 1,064 cases and pethilorfan in 807 cases.

Of the 305 confinements for which the midwife alone was booked, gas and air was administered in 56 cases, trilene in 187 cases and pethilorfan in 124 cases.

During the year gas and air analgesia was gradually replaced by trilene, and by the end of 1964 all gas and air machines had been withdrawn.

Medical Aid Calls.—There were 407 cases in which medical aid was summoned by midwives during the year under Section 14(1) of the Midwives Act, 1951, as against 467 in 1963. Particulars of these cases are as follows:—

Condition occurring during pregnancy	...	...	...	...	42
Condition occurring during labour	...	...	...	...	183
Condition occurring during puerperium	...	...	...	...	94
Condition occurring in respect of the infant	...	...	...	...	88
TOTAL				...	<u>407</u>

Maternity Packs.—Sterilised maternity packs were used throughout the area at all home confinements, and a special pack was provided for patients discharged from hospital before the 5th day of the puerperium or in the event of a miscarriage occurring.

Pupil Midwives.—In conjunction with the Part 2 training school of the Nether Edge Hospital, 21 approved district teaching midwives assisted in the training of 36 pupil midwives.

The Supervisor of Midwives acted as examiner at four Central Midwives Board examinations during the year.

Post-graduate Courses.—The first Assistant Supervisor of Midwives and nine other midwives attended resident post-graduate courses during the year.

Domiciliary Care of Premature Babies.—This service was continued during the year and the following is a summary of the work in this section during 1964:—

Infants Born at Home

<i>Weight Group</i>	<i>Number of Infants Born</i>	<i>Remarks</i>	<i>Feeding on Discharge</i>	<i>Number of Visits</i>
3 lbs. 4. ozs. or less	—	—	—	—
Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs.	—	—	—	—
Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs.	12	—	11 artificially fed 1 breast fed and complementary	276
Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs.	63	3 admitted to hospital	20 breast fed 16 breast fed and complementary 27 artificially fed	853

Infants Born in Hospital and Discharged to Care of Premature Service

<i>Weight Group</i>	<i>Number of Infants Born</i>	<i>Remarks</i>	<i>Feeding on Discharge</i>	<i>Number of Visits</i>
3 lbs. 4 ozs. or less	1	—	1 artificially fed	4
Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs.	7	—	1 breast fed and complementary 6 artificially fed	38
Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs.	7	—	2 breast and complementary 1 breast fed 4 artificially fed	41
Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs.	62	—	18 breast fed 10 breast and complementary 34 artificially fed	421

A total of 1,633 visits was paid to the 152 premature infants recorded above, making an average of 11 visits per case.

HEALTH VISITING

By Miss I. LITTLEWOOD, S.R.N., S.C.M., H.V.Cert.

Superintendent Health Visitor

"If you wish to appear agreeable in Society, you must consent to be taught many things which you know already"—Charles Tallyrand.

There was a considerable increase in the health visiting staff. Five student health visitors, sponsored for training, successfully completed the course. This brought a welcome relief to the health visitors who had struggled to do the emergency visits in areas where there was no regular health visitor. No longer was the situation quite the same as so aptly described in the quotation at the head of this section last year: "visits, like those of angels, short and far between."

Six student health visitors were approved for training and are expected to qualify in 1965.

During the year it was decided to withdraw the health visitors from school health duties and at the end of the year only two health visitors were doing combined duties. A close liaison is kept between school nursing staff and health visitors. They meet regularly to discuss social problems arising with school children, and the health visitors can sometimes give information about the family background and be of assistance in helping with the problems.

Co-operation with Hospitals.—Eleven health visitors are attached to the various hospitals in the City. These health visitors see the hospital almoner at least once a week to collect information regarding patients who are to be discharged and who will need some form of after-care. They also discuss the suitability of the home for the reception of a person likely to be discharged from hospital. Information is given to the health visitor for the district in which the out-going patient lives, and she arranges for help to be given in respect of beds, bedding and nursing equipment where necessary; she also requests the services of a domestic help if needed; advice is given on diet and other problems. In relation to the Whiteley Wood Psychiatric Clinic, case conferences are held weekly, to discuss any help that may be given, especially to mothers attending the clinic who have young children.

Health visitors attend special children's clinics held at the Jessop Hospital by Professor R. S. Illingworth and at the Children's Hospital by Dr. J. Lorber.

Visits are paid to the homes of hospital out-patients who have defaulted in their attendance, in order to give another appointment and encourage the patients to keep under regular supervision and continue any necessary treatment.

During the year 792 cases were referred by the almoners as compared with 868 in 1963.

The results of the visits may be classified as follows:—

Home conditions or after-care of adults on or before discharge from hospital.

Home conditions satisfactory	169
Domestic help requested... ..	114
Meals on wheels	70
Advice given <i>re</i> general care	9
Regular supervision required	45
Home conditions unsatisfactory	44
District nurse requested or attending regularly	52
Doctor attending regularly	14
Nursing equipment requested	36
Recommended for rehousing	25
Patient readmitted to hospital	9
Application made for admission to hospital	7
Patient died	7
Appointment made for chiropody service	7
Removed—no trace	3
Patient attending hospital	4
Patient to stay with relatives	3
Referred to Welfare of Handicapped Persons Service	8
Patient to attend family planning clinic	2
Referred to an adoption society	1
Application made for day nursery services	6
Referred to the home warden service	16
Patient admitted to a nursing home	1
Referred to the Children's Dept.	2
Referred to public health inspector	11
Referred to Social Care Department	7
Referred to welfare of the blind section	2
Recommended for convalescence	3
Referred to Social Psychiatry Service	1
Referred to Women's Voluntary Service	2
Referred to Salvation Army	1
TOTAL	681

Home conditions or after-care of children on or before discharge from hospital and 'follow-up' of defaulters from out-patients' clinics.

Home conditions satisfactory	15
Appointment made for re-attendance	22
Home conditions unsatisfactory	10
Attending own doctor	3
Regular supervision required	3
Advice given <i>re</i> general care	14
Recommended for rehousing	2
Removed—no trace	1
Referred to the Family Service Unit	1
Applied for or attending day nursery	1
Left the City	2
Referred to the National Assistance Board	1
Home nurse attending	1
Patient admitted to hospital	2
Patient attending hospital	1
Attending maternity and child welfare centre	4
TOTAL	82

Home conditions of outpatients and 'follow-up' of defaulters from out-patients' clinics.

Appointment made for re-attendance at clinic	...	...	...	...	...	...	...	...	13
Home conditions unsatisfactory	...	...	...	...	...	...	...	...	2
Left the City	...	...	...	...	...	...	...	...	2
Attending own doctor	...	...	...	...	...	...	...	...	2
Removed—no trace	...	...	...	...	...	...	...	...	3
Non-attendance due to illness	...	...	...	...	...	...	...	...	2
Patient admitted to hospital	...	...	...	...	...	...	...	...	1
Patient died	...	...	...	...	...	...	...	...	1
Home conditions satisfactory	...	...	...	...	...	...	...	...	1
To stay with relatives	...	...	...	...	...	...	...	...	1
Unable to attend	...	...	...	...	...	...	...	...	1
TOTAL									29

The almoners are given all the necessary information regarding these visits.

Co-operation with General Practitioners.—There has been continued improvement in co-operation with general practitioners, liaison being mainly by telephone. Several general practitioners have requested that health visitors be attached to their practices but owing to the shortage of health visitors this has not been possible, although efforts are being made to give some time to the general practitioners concerned. Two health visitors are attached to a group practice and give one day each per week to the practice. Four health visitors attend a group practice once a month to discuss problems; visits are arranged and other work is done by telephone. Two health visitors attend one group practice and two single practices each week for discussion and arranging for visiting. A group practice is now functioning at the Newfield Green welfare centre and there is daily contact between general practitioners and health visiting and other staff.

Co-ordination with Other Bodies.—The Superintendent Health Visitor attends the Moral Welfare Case Committee bi-monthly; the Superintendent or her Deputy also serve on the Adoption Committee fortnightly, the Co-ordinating Committee regarding problem families held bi-monthly and the Geriatric Liaison Cases Committee held monthly at Fir Vale Infirmary. There is frequent contact with the National Assistance Board, Probation Service, W.V.S., N.S.P.C.C., Council of Social Service, the Social Responsibility Scheme expanding in the Sheffield Diocese, the Housing, Social Care and Children's Departments and all sections of the Public Health Department.

Liaison between the health visitors and the Family Service Unit has continued and they work in close co-operation with the Department's social workers (see page 76), meetings being held to discuss the families. The health visitors also help voluntarily with the children's club held regularly throughout the year in the evenings and take the children on outings.

Tuberculosis and B.C.G. Vaccination.—The part played by health visitors, which necessitated over 3,000 visits during the year, is discussed in the section on Tuberculosis Control on page 68.

One health visitor acts as a liaison officer between the chest clinic and the Department. A weekly visit is paid to sort out problems and other work is done by telephone. All the health visitors have access to the records at the chest clinic and can see any of the chest physicians if they so desire. A quarterly meeting is held between the chest physicians, the physician in charge of the mass radiography centre, Dr. Lorber of the Children's Hospital, maternity and child welfare medical officers, the liaison health visitor and the Superintendent Health Visitor. At these meetings points of interest, policy etc. are discussed.

Accidents in the Home.—One of the aspects of health in which health education should be able to play a most helpful part is that of safety in the home, especially where there are young children and elderly people. This is part of the work done by the health visitors both in the clinics and in their routine visits to both young and old. In addition when reports are received from any of the hospitals of burns, scalds and other accidents occurring in the home, the health visitors make special visits to the homes of children under five years of age and of people over 65 years. Enquiries are made into the circumstances of the accident and advice is given in regard to their prevention and the remedying of any potential hazard.

The following table gives an analysis of 298 home accidents reported during 1964, although this is by no means a complete record of every accident.

Accidents in the Home 1964

<i>Type of Accident</i>	<i>Number of Cases reported in age groups</i>					<i>At all ages</i>
	<i>0-4 yrs.</i>	<i>5-14 yrs.</i>	<i>15-44 yrs.</i>	<i>45-64 yrs.</i>	<i>65 yrs. +</i>	
Burns	11	6	16	4	3	40
Scalds:—						
Hot tea	7	—	2	1	—	10
Kettles	1	2	3	1	—	7
Others and unspecified ...	11	4	17	8	1	41
Falls:—						
Downstairs	3	5	34	19	22	83
Others	4	—	10	24	14	52
Cuts and lacerations	—	1	8	3	3	15
Accidents with washing machines	6	—	3	15	4	28
Trapping of hands (other than above)	1	—	4	4	3	12
Miscellaneous	1	2	2	3	2	10
TOTALS	45	20	99	82	52	298

The co-operation of hospitals in notifying accidents in the home is of great assistance, as only from this knowledge can more concentrated advice and guidance be given.

Welfare of Children.—Complaints regarding overcrowding and unsatisfactory home conditions in which children are involved, and reports regarding neglect of children, are investigated by the health visitors; such cases are kept under regular supervision. During the year, co-operation has been received from the inspectors of the National Society for the Prevention of Cruelty to Children, and much valuable information has been exchanged at the Co-ordinating Committee's meetings on problem families.

Efforts have been made by the health visitors to carry out testing for phenylketonuria on as many young children as possible but by no means every child has been tested, for several areas have had no regular health visitor and other health visitors have had to carry out emergency visiting only in these areas.

Simple hearing testing of children from the age of six months, particularly children at risk, continued during the year. Testing is carried out at the clinics and also in the homes of the children. Any child suspected of a hearing defect is reported and referred for further examination in a specially equipped unit at the Central School Clinic.

Care of the Aged.—During the year many requests were again received for help in connection with people suffering from old age and infirmity; the number of such visits made was 8,271 compared with 8,460 in 1963. Where hospital admission is necessary in the case of the aged, a report setting out the difficult social problem will often accelerate admission. In cases of illness, it may be possible to provide a home help or to arrange for a 'meals on wheels' service. In many cases, with the co-operation of the general practitioner, it has been possible to arrange for convalescent treatment. At times it has been necessary to contact relatives in various parts of the country in connection with an old person whose condition has deteriorated. Considerable help has been received from National Assistance Board officials in the supply of bedding, clothing, shoes, etc. The health visitors have undertaken to spend the grants on behalf of patients who are aged, sick or irresponsible.

During the year close co-operation between the geriatric unit at Fir Vale Infirmary and this Department has continued to work satisfactorily. All cases considered fit for discharge home are reviewed, home conditions being investigated by the health visitors. Where conditions are suitable, the patients are discharged to their own homes on the understanding

that, should deterioration take place, immediate re-admission can be arranged. In the course of work amongst the aged it is found that some old people, especially those living alone, are incapable of taking a bath. In such cases it is possible for a male or female attendant to visit weekly to give assistance. Alternatively, arrangements may be made for the patient to attend at the cleansing station. Applicants for chiropody are visited by the health visitors who explain the scope of the service (see page 66).

During the year the Council of Social Service provided radio sets for a number of housebound persons, made friendly visits where the health visitor knew that such visits would be appreciated, and arranged for some old people to be taken out for the day. During the year Hallamshire Round Table took 20 old men out for an evening in Derbyshire. Old people and other families in need were again helped at Christmas time by the combined efforts of voluntary and local authority services. £80 collected by members of the City Engineer's Department at 'Santa's Forest' was distributed in £1 gifts. Myers Grove Comprehensive School (14) Hallamshire Round Table (75) and St. Paul's Church, Arbourthorne (35) asked for the names of old people for food parcels. The local authority provided woollen comforts for 195 needy people selected by the health visitors. Seven old people who would otherwise have been alone at Christmas accepted an invitation to spend the holiday period in the Ear, Nose and Throat ward at the Royal Hospital and enjoyed the hospitality extended to them.

Meals on Wheels.—Co-operation between the Public Health Department and the voluntary services has been a feature in the scheme for supplying 'meals on wheels' to old and handicapped persons. All applications are assessed by the health visitor who makes recommendations according to need (see page 67). Steak and kidney pies were distributed as an extra at Christmas to recipients of 'meals on wheels', the money for these being provided by the Union of Shop, Distributive and Allied Workers.

Visitors and Nurses and Students in Training.—Numerous visitors, often social workers in other fields, came to the Department. They included six visitors from overseas. Medical, nursing and social science students visit the Department in the course of their training and 121 such students accompanied the health visitors to gain an insight into the conditions of people in their own homes; 445 other students attended for discussions.

The Superintendent Health Visitor lectures at the School of Nursing and arranges observation visits to maternity and child welfare centres and the district nurses' home. The Deputy Superintendent Health Visitor gives talks to first year nursing students at the City General Hospital; these

are held every three months for the nurses in training. A Centre Superintendent lectured at the Diploma Course organised by the National Association for Mental Health, also at the School of Nursing, Kenwood Nursery Nurse Training Centre, Totley Hall Training College for Housecraft and the College of Domestic Science.

Health Education.—Mothercraft classes have been held regularly at nine clinic centres during the year; the classes are held on one afternoon each week and consist of talks to expectant mothers and also to mothers with young children. Evening sessions to which husbands are also invited are held at the end of each course.

New cases and total attendances at mothercraft classes were as follows:—

<i>Centre</i>	<i>New Cases</i>	<i>Total Attendances</i>
Firth Park	98	640
Manor	151	1,113
Broadfield	94	563
Broomhill	87	495
Carbrook	38	232
Greenhill	16	177
Hillsborough	56	319
Ivy Lodge	20	79
Parson Cross	28	158
TOTALS	<u>588</u>	<u>3,776</u>

A Parents' Club, formed from those whose interest was aroused by attendance at mothercraft lectures, has continued to function quite successfully.

The health visitors have been responsible for talks to Young Wives' Clubs, Men's and Women's Guilds, Mothers' Unions, Girls' Life Brigades, teenagers, etc., most of these being given in the evening. Further details are given in the Health Education Section on page 85.

In-Service Training.—A weekly seminar on psychiatry arranged by the Senior Medical Officer for mental health was attended by 12 health visitors; one health visitor attended a mental health conference; one health visitor attended a school arranged by the Central Council for Health Education; one health visitor attended a Family Psychiatry Course at Ipswich and two health visitors attended post-certificate refresher courses. The Superintendent Health Visitor attended a Health Visitors' Association conference and two health visitors training conferences.

Two student health visitors sponsored by Sheffield for training in Manchester have undertaken their practical training in Sheffield at the request of the Manchester school. The kind co-operation of voluntary and statutory services in the arrangements to make this possible is very much appreciated.

Venereal Disease.—A specialist health visitor was appointed in November 1964. Prior to this a Centre Superintendent was responsible but more time is now being given to the work and the arrangement is proving more satisfactory. Half her time is spent on special visiting and the remainder on normal health visiting duties.

The work involves daily attendance at the Special Clinic to check the register of defaulters, collect information regarding contacts and review of the cases weekly with the venereologist. Defaulters are visited after failure to respond to three letters, and an attempt is made to make three face-to-face interviews before the case is filed away as “ceased to attend”. Straight-forward contacts usually respond to a request to attend but details are sometimes extremely vague, e.g. Kathleen, blonde, thin and tall. ---- pub or friend of Mary at ----. Attempts are made to trace such contacts by visiting the address given, through other known members of this society or through the managers of the public houses mentioned.

When accommodation can be provided for the specialist health visitor at the Special Clinic she will be spending more time on personal interviews when the patients attend the clinics.

Maternity and Nursing Homes and Child-Minders.—The Superintendent Health Visitor and her Deputy were responsible for the supervision of nursing homes and child-minders. One new nursing home was registered during the year and at 31st December there were eight nursing homes on the register, providing accommodation for 13 maternity and 143 other cases. Under the Nurseries and Child-Minders Regulation Act, 1948, 20 registrations have been granted for the care of 228 children. These premises were visited as required.

Other work.—All applications which do not conform to the usual requirements for admission to the day nurseries are dealt with, and the health visitor calls and reports concerning the home circumstances and the need for the admission of the children. Many applications for admission to the nurseries have a related social problem and, apart from admitting the child, every effort is made to give any other possible help to the family, especially if there is any chance of neglect.

A summary of visits is given in the table which follows;—

TABLE XI.—Summary of Visits of Health Visitors during the year 1964

								<i>Number of Visits</i>
Infants under 1 year—first visits	...	...	...	...	...	...	9,486	
subsequent visits	...	...	...	...	...	...	10,199	
								19,685
Infants between 1 and 5 years of age	...	...	...	...	...	...		35,341
Acute rheumatism	...	...	...	...	...	...		2
Scabies	...	...	...	...	...	...		101
Whooping cough	...	...	...	...	...	...		188
Measles	...	...	...	...	...	...		2,368
Scarlet fever	...	...	...	...	...	...		328
Pneumonia	...	...	...	...	...	...		131
Meningitis	...	...	...	...	...	...		15
Erysipelas	...	...	...	...	...	...		29
Venereal disease	...	...	...	...	...	...		393
Puerperal pyrexia	...	...	...	...	...	...		26
Other infectious diseases	...	...	...	...	...	...		10
Ex-hospital cases <i>re</i> after-care	...	...	...	...	...	...		883
Expectant mothers—first visits	...	...	...	...	...	...	1,202	
subsequent visits	...	...	...	...	...	...	380	
								1,582
Postnatal cases	...	...	...	...	...	...		1,354
Tuberculosis—pulmonary	...	...	...	...	...	...	2,316	
non-pulmonary	...	...	...	...	...	...	130	
								2,446
Tuberculosis contacts	...	...	...	...	...	...		345
B.C.G.	...	...	...	...	...	...		177
Persons aged 65 or over	...	...	...	...	...	...		8,271
Old people's charities	...	...	...	...	...	...		30
Immunisation and vaccination visits	...	...	...	...	...	...		254
Mentally disordered persons	...	...	...	...	...	...		101
Phenylketonuria tests	...	...	...	...	...	...		5,901
Hearing tests...	...	...	...	...	...	...		686
Congenital abnormalities	...	...	...	...	...	...		34
Nursing homes	...	...	...	...	...	...		14
Child minders	...	...	...	...	...	...		84
Mother and baby homes	...	...	...	...	...	...		15
Day nurseries	...	...	...	...	...	...		39
Hospitals	...	...	...	...	...	...		134
Hospital almoners	...	...	...	...	...	...		322
Chest clinic	...	...	...	...	...	...		80
Medical practitioners	...	...	...	...	...	...		106
Investigation of infant deaths	...	...	...	...	...	...		36
Investigation of stillbirths	...	...	...	...	...	...		138
Home conditions	...	...	...	...	...	...		132
Handicapped persons	...	...	...	...	...	...		592
Problem families	...	...	...	...	...	...		731
Accidents in the home	...	...	...	...	...	...		73
Special enquiries	...	...	...	...	...	...		296
Other reasons	...	...	...	...	...	...		542
TOTAL	...	...	...	...	...	...		84,015

In addition, the health visitors paid 10,233 ineffectual visits during the year.

Care of Premature Infants.—In order to obtain immediate information regarding premature babies born in the City, the weight of the baby at birth is reported on the notification of birth form, and the information is passed on to the health visitors so that special attention may be given.

During 1964, 103 premature infants were born alive at home and 487 were born in hospital or nursing home to Sheffield residents, making a total of 590 premature infants as compared with 639 in 1963. 19 small or feeble infants were transferred to hospital. The rate of survival of very small immature infants is poor; of the 68 infants weighing 3 lbs. 4 ozs. or less at birth, only 28 were alive at the end of the 28 day period.

During the year there were 88 premature stillborn babies to Sheffield residents in all weight groups; 72 children were born in hospital and 16 were born at home. The details are as follows in the various weight groups for 1964:—

<i>Weight at Birth</i>	<i>Born in Hospital</i>	<i>Born at Home</i>	<i>Total</i>
3 lbs. 4 ozs. or less 	37	5	42
Over 3 lbs. 4 ozs.—4 lbs. 6 ozs.	16	2	18
Over 4 lbs. 6 ozs.—4 lbs. 15 ozs.	10	—	10
Over 4 lbs. 15 ozs.—5 lbs. 8 ozs.	9	6	15
Not weighed 	—	3	3
TOTALS 	<u>72</u>	<u>16</u>	<u>88</u>

Information is given in the statement below regarding the mortality of the 590 premature babies born in 1964 to mothers who were resident in the City.

	<i>Born at Home</i>	<i>Born in Hospital or Nursing Home</i>
Died in first 24 hours 	4	45
Died on 2nd to 7th day 	—	17
Died on 8th to 28th day 	—	5
Survived 28 days 	99	420
TOTALS 	<u>103*</u>	<u>487</u>

* Of the 103 babies born at home, 84 were nursed entirely at home and 19 were transferred to hospital.

The 19 transferred to hospital all survived 28 days.

Further information is given in the following table with regard to the birth weights of premature babies born alive to Sheffield residents during the year 1964.

TABLE XII.—Premature Babies born alive to Sheffield Residents during the year 1964

	3 lbs. 4 ozs. or less	Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs.	Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs.	Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs.	Not weighed	Total
Born at home	4	15	17	67	—	103
Born in hospital or nursing home ...	64	98	86	237	2	487
Grand total—Premature babies ...	68	113	103	304	2	590
Died in first 24 hours						
Born at home	2	1	1	—	—	4
Born in hospital or nursing home	27	12	1	3	2	45
	29	13	2	3	2	49
Died on 2nd to 7th day						
Born at home	—	—	—	—	—	—
Born in hospital or nursing home	8	6	—	3	—	17
	8	6	—	3	—	17
Died on 8th to 28th day						
Born at home	—	—	—	—	—	—
Born in hospital or nursing home	3	2	—	—	—	5
	3	2	—	—	—	5
Total who died during first 28 days ...						
Born at home	2	1	1	—	—	4
Born in hospital or nursing home	38	20	1	6	2	67
	40	21	2	6	2	71
Total who survived 28 days						
Born at home	2	14	16	67	—	99
Born in hospital or nursing home	26	78	85	231	—	420
	28	92	101	298	—	519

Percentage of those born at home who died during the first 28 days	50·0	6·7	5·9	—	—	3·8
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Percentage of those born in hospital or nursing home who died during the first 28 days	59·4	20·4	1·2	2·5	100	13·8
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Percentage of all premature babies who died during the first 28 days	58·8	18·6	1·9	2·0	100	12·0
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Total live births to
Sheffield Residents
Notified during 1964
8,464

Number of
Premature Births
590

Percentage of
Premature Births to
Total Live Births
6·97

Total Stillbirths to
Sheffield Residents
Notified during 1964
136

Number of
Premature Births
590

Percentage of
Total Stillbirths
to Premature Births
23·05

68 (0·80) of all live births weighed 3 lbs. 4 ozs. or less.

113 (1·33) of all live births weighed over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.

103 (1·22) of all live births weighed over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.

304 (3·59) of all live births weighed over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.

HOME NURSING

By MISS M. MCGONIGLE, S.R.N., S.C.M., H.V.Cert., Q.N.Cert.,
Superintendent Home Nursing Service

“ ‘I think’, said Mr. Dooley, ‘that if th’ Christyan Scientists had some science an’ th’ doctors more Christianity, it wudden’t make any diff’rence which ye called in—if ye had a good nurse.’ ”

—Finley Peter Dunne (Mr. Dooley’s Opinions).

At the beginning of 1964, a new system of record keeping was adopted. In the past, detailed information regarding the patient as an individual, his environment and the frequency of the nurses’ visits was kept in two books. This method has been time-consuming and is now outdated. In an attempt to make record keeping as simple and efficient as possible, a card index system has been introduced whereby the nurse, by underlining applicable details, can quickly record the required information.

The clerical staff coverage which has been arranged for the service during the past year has been much appreciated. This has enabled the nursing administrators to use their time and qualifications along the right channels, in general supervision and organisation of the service and in the training of students.

Patients.—Some patients remain on the visiting list for only a few days, whilst others need nursing and attention year after year. In addition to the nursing care given, many patients and their families need help and assistance from other social services. According to the need of the individual patient, the statutory services, used intelligently and sometimes supported by voluntary services, can make a tremendous difference to the day-by-day life of a long-term sick or handicapped person.

The wide variety of services available seems to increase from year to year, and can take the form of home help, chiropody, mobile meals, the borrowing of equipment, adaptation of the home, the provision of lifting hoists, the investigation of special problems, a friendly visit or some other neighbourly help. In any case of real difficulty, it is gratifying for the district nurse to know that her visits can be supported by any or all of these services. In such situations each of the services rotates like cogs in a wheel, and it is then that the tremendous importance of good liaison is appreciated, and how vital to the well-being of the patients good personal relationships are.

In spite of vast new housing programmes, in certain instances the conditions under which the nurses have to work are difficult, and often when dealing with the older age groups the amount of assistance within the family is limited. Nevertheless the whole training and work of the staff

is geared to give the helpless patient comprehensive nursing care, and to make every effort to rehabilitate those who require a stimulus to climb back along the uphill path to as full a measure of restoration as possible.

Training.—Three separate groups of students have taken district nurse training during the year. Lecture courses were held during February, June and October and, as usual, students from surrounding local authorities attended. These were as follows:— Sheffield 17, Barnsley 2, Rotherham 4 and West Riding County Council 8.

One Barnsley student withdrew prior to the examination, and the remaining 30 students passed successfully. Our congratulations and thanks to all the lecturers and others who helped with the training.

In the Spring of 1965 the first Queen's Institute Course of Instruction in District Nursing for State Enrolled Nurses who are already in service is being arranged. It is anticipated that these nurses will work under the supervision of the State Registered Queen's Nurses, each doing the work for which she has been trained.

For many years there has been one bath attendant on the staff, and her work has given valuable assistance in the bathing of patients. A further six bath attendants have been appointed. These have been recruited mainly from hospital nursing auxiliary personnel, and have been supplied with special clothing. They work under the supervision of the trained staff.

During the year, one additional Assistant Superintendent was appointed and based at Johnson Memorial Home.

The Superintendent was given permission to act as practical examiner for the Liverpool district nursing students, and she continues to be called upon to mark the written scripts from time to time.

Various talks, sometimes illustrated by film strips and other visual aids, have been given by members of staff on the work of the Home Nursing Service to voluntary organisations and church groups.

As in past years, handicapped and blind persons' summer outings to seaside and country were accompanied by a nurse on several occasions.

Visitors.—Groups of hospital student nurses have continued to pay regular half-day visits to the service. Some go out with district nurses on a morning round of visits, whilst others have a lecture-demonstration at Johnson Memorial Home. One Japanese and one English student from William Rathbone Q.I.D.N. Staff College in Liverpool spent one week each observing the service.

Queen's Institute of District Nursing.—During the early part of the year, the Health Committee nominated the Superintendent as a representative on the North Eastern Federation of the Queen's Institute, and she has attended quarterly meetings held in Sheffield, Barnsley, Rotherham and Wakefield since then.

On the 11th November, 1964, the Deputy Superintendent attended St. James' Palace and was presented with the Queen's Institute of District Nursing twenty-one years service gold medal by H.R.H. The Duchess of Gloucester, and the Superintendent attended that very pleasant function as a guest.

Equipment.—Trials have been carried out on certain items of light-weight and disposable equipment, with a view to making the contents of the nursing bag lighter and more efficient. Reports by the staff on these are being considered prior to a final selection.

General Practitioners.—This report would be incomplete without recording an appreciation of the coverage, protection and good working relationships with the family doctors.

Some details of the work carried out by the staff during the year are as follows:—

Number of cases on the register at 1st January, 1964	...	...	...	2,023
Number of new cases attended by the nurses during the year	...	...	...	5,083
Total number of cases attended by the nurses during the year	...	...	...	7,106
Number of cases removed from the register during the year	...	...	...	5,005
Number of cases on the register at 31st December, 1964	...	...	...	2,101
Number of visits made by the nurses during the year	...	...	...	246,368

The 7,106 cases nursed during 1964 were referred by the following:—

General practitioners	...	...	...	...	5,452
Hospitals	...	...	...	...	1,211
Public Health Department staff	...	...	...	...	159
Other social agencies	...	...	...	...	17
Personal application	...	...	...	...	267
TOTAL	...	...	...	...	7,106

These cases may be classified as under:—

Medical	...	...	...	...	...	5,842
Surgical	...	...	...	...	...	1,080
Infectious diseases	...	...	...	...	...	4
Tuberculosis	...	...	...	...	...	116
Maternal complications	...	...	...	...	...	31
Others	...	...	...	...	...	33
TOTAL	...	...	...	...	...	7,106

VACCINATION AND IMMUNISATION

By R. E. BROWNE, M.R.C.S., L.R.C.P., D.P.H.,
Assistant Maternity and Child Welfare and School Medical Officer

"Laying up in store for themselves a good foundation against the time to come."

—I Timothy, vi. 19.

Immunisation against diphtheria, whooping cough, tetanus, smallpox, poliomyelitis, and tuberculosis is well known, and available to members of the community.

Prior to 1956, when the triple vaccine (diphtheria, whooping cough and tetanus) was introduced, immunisation against tetanus in children was comparatively rare, but after that date, increasing numbers of children have received the full course. In 1960, a booster dose of tetanus toxoid at the age of school entry was introduced, and early in 1964 it was decided to introduce another booster dose at nine years of age, and to offer a full course of immunisation against tetanus to children of that age group.

A personal record card, in plastic envelope for safe keeping, indicating immunisation against tetanus is given to every child of school age who completes the primary course. It is hoped that these cards will be kept, and will be available when attending for treatment in case of injury.

The immunisation programme recommended is as follows:—

<i>Age</i>	<i>Vaccine</i>
Two months	Triple (diphtheria, whooping cough and tetanus)
Three months	Triple
Four months	Triple
Seven months	Poliomyelitis
Eight months	Poliomyelitis
Nine months	Poliomyelitis
One year	Smallpox
One year and six months	Triple (booster)
5 years (school entry)	Diphtheria/tetanus, poliomyelitis
9 years	Tetanus
11 years	B.C.G.

Smallpox.—Infant vaccination provides young children with an immunity against smallpox which can be expected to last for several years; moreover, it ensures that there will be less likelihood of severe local reaction or the rare but serious complication, encephalomyelitis, if primary vaccination is performed later in life.

Information is given in the following statement relating to vaccination and re-vaccination for the years 1956 to 1964.

<i>Year</i>				<i>Aged under 1 year</i>	<i>1 and under 5 years</i>	<i>5 and under 15 years</i>	<i>15 years and over</i>	<i>Total</i>
PERSONS VACCINATED—								
1956	...	...	...	1,040	1,397	72	234	2,743
1957	...	...	...	1,615	1,374	132	277	3,398
1958	...	...	...	2,102	1,830	156	337	4,425
1959	...	...	...	2,120	1,881	117	271	4,389
1960	...	...	...	1,119	1,498	103	305	3,025
1961	...	...	...	1,236	2,148	152	303	3,839
1962	...	...	...	3,510	3,952	6,830	10,711	25,003
1963	...	...	...	428*	903	269	671	2,271
1964	...	...	...	142	2,443	70	352	3,007

*In December, 1962, the age for primary vaccination was changed from 6 months to 1 year

<i>Year</i>				<i>Aged under 1 year</i>	<i>1 and under 5 years</i>	<i>5 and under 15 years</i>	<i>15 years and over</i>	<i>Total</i>
PERSONS REVACCINATED—								
1956	—	17	52	535	604
1957	—	24	36	511	571
1958	—	15	47	698	760
1959	—	17	42	583	642
1960	—	25	50	607	682
1961	—	21	72	686	779
1962	—	190	2,935	18,368	21,493
1963	—	35	162	1,339	1,536
1964	—	2	145	882	1,029

The primary vaccinations and revaccinations during 1964 were carried out as follows:—

				<i>Primary Vaccinations</i>	<i>Revaccinations</i>
By general medical practitioners	...			1,169	898
At maternity and child welfare centres				1,781	40
At hospitals	...	...	...	57	91
TOTALS				3,007	1,029

Diphtheria.—The following statement gives particulars of the number of persons who have been immunised since 1956:—

<i>Year</i>				<i>Under 1 year</i>	<i>1 and under 5 years</i>	<i>5 and under 15 yrs.</i>	<i>15 years and over</i>	<i>Total</i>
1956	...	...	...	580	4,276	723	1	5,580
1957	...	...	...	1,496	4,917	1,011	3	7,427
1958	...	...	...	1,884	4,367	962	6	7,219
1959	...	...	...	2,222	4,035	1,119	12	7,388
1960	...	...	...	2,929	3,996	1,074	5	8,004
1961	...	...	...	3,271	3,894	1,151	13	8,329
1962	...	...	...	3,199	2,923	504	4	6,630
1963	...	...	...	3,096	3,020	481	1	6,598
1964	...	...	...	3,220	3,268	775	1	7,264

It will be appreciated that within these age groups there is considerable movement in the sense that children get older. After the necessary adjustments the records show the number of persons who had been immunised against diphtheria up to 31st December 1964:—

<i>Under 5 years</i>	<i>5 and under 15 years</i>	<i>15 years and over</i>	<i>Total</i>
33,622	58,861	126,591	219,074

Importance is attached to the necessity of each child who has been immunised in infancy being given a reinforcing injection at the age of 18 months and again at school entry. The number of children under 15 years of age who have been given these injections in the years 1956-1964 is given below:—

<i>Year</i>	<i>Number of children given reinforcing injections</i>					
1956	3,442
1957	3,330
1958	3,882
1959	3,341
1960	6,172
1961	5,986
1962	5,383
1963	6,124
1964	6,997

The following statement gives a classification of primary immunisations completed and reinforcing injections given in 1964:—

			<i>Primary immunisations</i>	<i>Reinforcing injections</i>
By general medical practitioners	...	...	2,001	1,693
At maternity and child welfare centres		...	4,314	2,391
At school health service clinics	...	...	815	2,811
At hospitals	...	...	135	127
TOTALS	...	...	7,265	7,022

The increase in the number of reinforcing injections given in 1960-1964 is to be accounted for, in part at least, by the introduction of the additional reinforcing injection at 18 months of age.

From the Registrar General's estimates of the population and the number of children who have been immunised, it is calculated that 85·9 per cent of the children under five years of age, and 91·4 per cent of children between five and fifteen years of age were immunised as at the end of 1964.

Whooping Cough and Tetanus.—Immunisation against whooping cough was introduced at the child welfare centres in 1954, using a vaccine combined with diphtheria antigen.

In 1956 the triple vaccine against diphtheria, whooping cough and tetanus was introduced. Since 1960 immunisation against tetanus has been offered to children at school entry, and appreciable numbers are taking advantage of this service.

The following statement gives the number of children under 15 years of age who received these injections. In the case of children under 5 years of age who received the triple vaccine, the figures are also included in the statement of primary diphtheria immunisation shown earlier in this report.

<i>Type of Immunisation</i>	<i>Number of children immunised</i>				
	1964	1963	1962	1961	1960
Diphtheria/whooping cough/ tetanus	6,547	6,062	6,147	7,405	6,746
Diphtheria/whooping cough ...	3	2	10	38	41
Whooping cough only	1	1	1	8	8
Tetanus/diphtheria	678	367	390	686	37
Tetanus only	1,477	1,592	1,664	893	40
TOTALS ...	<u>8,706</u>	<u>8,024</u>	<u>8,212</u>	<u>9,030</u>	<u>6,872</u>

Poliomyelitis.—The oral (Sabin) vaccine is used almost exclusively, and has proved to be most acceptable to all members of the public. 92 per cent. of the population under 15 have received a primary course of immunisation, and 82 per cent. of those in the age group 15-40. The numbers of persons receiving this vaccine are given in the table (Page 55).

B.C.G.—Full details of the work in connection with B.C.G. vaccination are given in the section dealing with the prevention of tuberculosis (Page 68).

Yellow Fever.—Yellow fever is a disease, carried by a certain type of mosquito, which is endemic in parts of Africa and South America. Vaccination is an important part of an international campaign organised by the World Health Organisation to control and eradicate the disease.

Vaccination of travellers passing through these infected areas is required as a condition of entry into certain other countries which are not infected, but harbour the particular type of mosquito which carries the disease. Although vaccination affords the traveller personal protection, the primary aim is to ensure that yellow fever is not introduced into parts of the world still unaffected.

The local authority assumed responsibility for providing a yellow fever vaccination service from July, 1960.

This service is available to all travellers, by appointment, at the maternity and child welfare centre, Orchard Place. The necessary International Certificate of Vaccination is provided.

Number of Yellow Fever Vaccinations

1st July to 31st December, 1960	...	...	...	...	163
1961	...	...	...	...	438
1962	...	...	...	...	412
1963	...	...	...	...	438
1964	...	...	...	...	483

Influenza.—By arrangement with the various departments of the local authority, immunisation against influenza is available to the employees; a total of 384 was given this vaccine during the winter months.

Maternity and Child Welfare Centres.—Attendances relating to vaccination and immunisation at maternity and child welfare centres during the year are shown below. The different types of antigen used are indicated.

						<i>New Cases</i>	<i>Total Attendances</i>
Smallpox	...	...	...	...	...	1,996	3,738
Triple	...	...	...	...	...	4,714	13,764
Diphtheria/whooping cough	...	...				—	—
Diphtheria/tetanus	...	...	...	...		16	37
Whooping cough/tetanus	...	...	...	...		—	—
Whooping cough	...	...	...	...		1	2
Diphtheria	...	...	...	...	...	—	—
Tetanus	...	...	...	...	...	1	3
Triple reinforcing	...	...	...	...		—	2,229
Poliomyelitis							
Up to 40 years of age	...	...	...			3,454	13,510
TOTALS	...	...				10,182	33,283

Immunisation Records Section.—The single card record system which was introduced in 1962 has proved to be quite satisfactory, and it is hoped to replace all the multiple cards with this single card for all immunisations in due course.

After discussions with the Local Medical Committee agreement was reached that for a trial period the records section should notify general practitioners of completed immunisations for patients on their lists. N.H.S. Form E.C.7A is completed at the section, and sent to the Executive Council for distribution to the practitioners concerned. During the year 8,000 such records were forwarded.

Approximately 1,500 personal record cards for immunisation against tetanus were issued during the year.

POLIOMYELITIS VACCINATION

At 31st December 1964 the numbers vaccinated from the commencement of the scheme were as follows:—

Primary Vaccination

<i>Age Group</i>	1964				1956-63		
0— 5	6,227	Persons born 1924-33	...	29,732
6—15	137	Persons born 1934-43	...	42,041
16—25	255	Persons born 1944-63	...	127,215
26—40	888	Expectant mothers	...	3,947
Over 40 years	67	Other priority groups	...	26,247
TOTALS				7,574	229,182		

Total number who have received primary vaccination	236,756
--	-----	-----	-----	---------

Reinforcing Doses

	1964	1956-63	Total
Number of 3rd doses given	439	153,453	153,892
Number of 4th doses given	1,878	36,603	38,481
TOTALS	2,317	190,056	192,373

AMBULANCE SERVICE

By F. C. KELSEY, F.I.A.O.,
Chief Ambulance Officer

*“People who are late are often so much jollier than the people
who have to wait for them”*

—Edward Lucas

The year 1964 has been one of consolidation, in which the re-organised operational system has been thoroughly tested and found to be capable of coping with the increasing number of patients requiring transport. The new control was brought into operation in October and this has proved a great asset in the efficient working of the control.

General Ambulance Work including Emergency Cases.—The allocation of four ambulances and crews to deal specifically with accident and emergency cases, including the conveyance of maternity and other patients requiring urgent admission to hospital, has ensured that an ambulance has been available within a few minutes of the receipt of the call at any time during the day or night. Any criticism has been to the effect that the ambulance has arrived at the patient's home before the patient was ready to be conveyed.

Out-patient Transport.—Although the number of out-patient clinics continues to increase and the times become more varied, it has been possible to provide a reasonable service. Those patients who require lifting are allocated to ambulances manned by two men, but the majority who are capable of walking with assistance are dealt with by one man and travel in an omnicoach. The provision of this type of vehicle has been fully justified and has resulted in patients having shorter journeys to hospital and a quicker return home after treatment. It is the aim to get morning out-patients home before lunch and, subject to their treatment being finished, this object is generally achieved.

Operational Control.—The division of responsibility between ambulance and car control has proved very successful and has reduced the strain of control duties. The radio communication system continues to function efficiently and has again been the means of saving much time and many miles.

Staff.—At 31st December, 1964 the staff position was as follows:—

Senior officers	...	...	...	2
General administration	...	...	...	5
Operational control	...	...	...	9
Shift leaders	...	...	...	5
Drivers	...	...	...	81
Attendants	...	...	...	10
Messroom attendant	...	...	...	1
Garage handymen	...	...	...	2
Woman cleaner (part-time)	...	...	...	1
TOTAL ...				<u>116</u>

All the operational staff are qualified in First Aid and during the year 41 men completed a course of Civil Defence instruction.

Safe Driving Competition, 1964.—Eighty two drivers were entered for the 1964 Safe Driving Competition and fifty two qualified for awards as follows:—

Star Brooch (21—24 yrs.)	...	4	Bar to 5 yr. medal (6—9 yrs.)	...	11
Special Bars (16—19 yrs.)	...	3	Five Year Medal	...	2
Oak Leaf Bars (11—14 yrs.)	...	11	Diplomas (1—4 yrs.)	...	21

Six drivers were withdrawn from the competitions and twenty four failed to qualify.

National Competition for Ambulance Services 1964.—For the first time the service entered the above competition and a team of men competed along with eleven other teams in the Regional round at Oakham, Rutland on Sunday 31st May.

Vehicles.—During the year three old Austin Sheerline ambulances and two Morris LD1 ambulances were replaced by two Austin Princess ambulances and three Austin omnicoaches.

The fleet is now made up of the undermentioned vehicles.

Sheerline ambulances	...	...	...	...	...	11
Princess ambulances	...	...	...	...	...	10
Dennis ambulances	...	...	...	...	...	3*
Morris LD1 ambulances	...	...	...	...	...	5*
Morris LD2 ambulances	...	...	...	...	...	3*
Omnicoaches	...	...	...	...	...	14*
Dual purpose cars (Morris Oxford)	...	...	...	...	...	2
Sitting case cars (Austin A55)	...	...	...	...	...	2
TOTAL ...						<u>50</u>

*These vehicles are used solely for the transport of out-patients

Summary of Patients carried and Mileage run during the Years 1963/1964.

			Year 1963		Year 1964	
			<i>Number of patients carried</i>	<i>Mileage run</i>	<i>Number of Patients carried</i>	<i>Mileage run</i>
<i>On whose behalf</i>						
Sheffield City Council	...	...	162,590	649,822	174,246	709,673
West Riding County Council	...	...	2,504	15,628	3,028	17,981
Derbyshire County Council	...	...	56	1,297	57	1,039
Other authorities	...	...	84	3,292	89	3,370
TOTALS	...	...	<u>165,234</u>	<u>670,039</u>	<u>177,420</u>	<u>732,063</u>

These figures show an increase of 12,186 (7·4 %) in the total number of patients carried and an increase of 62,024 (9·3 %) in the total mileage run.

Emergency Calls.—Ambulances conveyed 12,440 casualties to hospital as a result of either accident or sudden illness, or cases in urgent need of treatment where immediate removal was necessary, and maternity cases in labour. An analysis of the type of call responded to is given on page 62.

This shows a total increase of 2,181 patients (21 %) over last year with significant increases in the number of calls in respect of accidents and sudden illnesses. It was also noticeable that accident casualties were suffering from a more severe type of injury largely due to the increase in the speed of motor vehicles.

Long Distance Cases.—Eight hundred and forty nine requests were received for the conveyance of patients being discharged or transferred to distant destinations. Local authorities who have a financial responsibility for the removal of such cases are given the option of collecting their own cases who need to travel by ambulance all the way. Where a patient can travel by train, the patient is taken by ambulance to the local railway station; arrangements are made for the receiving authority to meet the train at the end of the journey and convey the patient to the final destination.

The service conveyed 231 patients by road, and arrangements were made to convey 346 patients by train, with a resultant saving of 50,651 miles.

Lady members of the British Red Cross Society again rendered valuable assistance by acting as escorts to patients who were travelling by train and who were unable to travel alone.

Domiciliary Midwifery Services—Night Rota Scheme.—During the year the service arranged to accept requests for the services of a midwife from 7 p.m. instead of 10 p.m., thus extending the scheme by three hours.

There were 2,351 requests for the services of a midwife during the night hours and transport was provided on 2,091 occasions. Premature baby equipment was conveyed on 10 occasions.

Flying Squad Journeys.—On eighty two occasions transport was arranged to convey a medical team and apparatus to a patient's home in order that expert medical attention and/or a blood transfusion could be provided before removing the patient to hospital.

Requests from Other Authorities.—The requests from adjacent local authorities to meet trains at the local stations to convey patients to the various City hospitals are increasing.

These call for punctual timing and, in the case of out-patients, the return journey must be programmed and the respective ambulance authorities informed of the time that the patient will arrive at his home station. The length of treatment required by some of these patients often necessitates special arrangements for the return journey.

Mutual Aid Arrangements.—The service continued to transport patients from certain parts of the West Riding County Council area to Sheffield Hospitals and to a lesser degree gave assistance when requested to the Derbyshire County Council and other local authorities.

Statistics.—The majority of hospitals showed an increase in the number of patients carried and, although the daily number of patients conveyed (excluding Saturdays and Sundays) averaged 639, on Tuesdays and Thursdays the figure rose to over 700.

The following statements show (i) the number of patients carried and the mileage run since the inception of the National Health Service and (ii) the number of patients conveyed to the various hospitals during the past five years.

(i)	<i>Year</i>	<i>Number of Patients carried</i>	<i>Mileage run</i>
	1949	98,649	481,282
	1950	107,567	476,222
	1951	117,894	489,453
	1952	125,074	496,397
	1953	133,177	532,164
	1954	136,847	548,313
	1955	145,970	569,327
	1956	145,619	570,013
	1957	145,951	568,981
	1958	147,412	559,677
	1959	159,574	613,056
	1960	148,919	567,896
	1961	151,360	576,775
	1962	156,451	601,582
	1963	165,234	670,039
	1964	177,420	738,468

(ii)	<i>Hospital</i>				1960	1961	1962	1963	1964
Royal Infirmary	25,702	22,023	22,484	23,151	26,747
Royal Hospital	24,652	21,267	20,595	21,007	19,209
Jessop Hospital	2,618	2,728	2,650	2,131	1,960
Children's Hospital	7,729	8,861	8,770	8,877	9,097
Fulwood Annexe	3,534	2,738	2,296	2,081	2,036
Hallamshire Hospital	—	9,098	10,001	10,741	11,627
Edgar Allen Physical Training Centre	16,166	17,687	16,199	20,097	21,922
Charles Clifford Dental Hospital	478	479	544	528	596
City General Hospital	19,726	19,472	20,271	20,908	24,713
Nether Edge Hospital	3,108	3,695	3,422	3,056	3,397
Fir Vale Infirmary	1,158	1,537	1,805	2,713	2,582
Wharncliffe Hospital	5,984	5,001	5,018	5,079	5,938
Lodge Moor Hospital	3,077	2,966	3,194	2,695	3,137
King Edward VII Hospital	1,148	1,290	1,332	1,243	1,039
Winter Street Hospital	213	252	254	257	386
Queen's Road Chest Clinic	250	302	338	329	494
Radium Centre	21,430	19,586	22,109	20,358	20,338
Artificial Limb Centre	1,023	1,043	1,077	1,124	1,125
Psychiatric clinics	3,009	2,835	3,966	6,386	6,297
Nursing homes	307	415	328	304	304
Other cases	1,600	1,679	1,973	1,910	2,036
Emergency cases	6,007	6,406	7,825	10,259	12,440
TOTALS					148,919	151,360	156,451	165,234	177,420

Substations.—In view of the increased number of vehicles on the road and the consequent traffic congestion in the City, arrangements are contemplated for the provision of two substations, one on the north and the other on the south side of the City.

Review of Accident and Emergency Services.—Representatives of the Sheffield Regional Hospital Board, the Medical Officers of Health and the Chief Ambulance Officers of the constituent local authorities have met to discuss the "Harry Platt" Report on Accident and Emergency Services. The report calls for designated hospitals as accident and emergency centres, the post entry training of ambulance staff, including a period of training in a hospital casualty department, improved equipment and a closer liaison in order to provide a generally improved service for accident and emergency cases. Further meetings are to be held.

Emergency Conveyance of Patients by Air.—Authority has been given for the use of Service helicopters in circumstances of special medical emergency. In certain very rare cases it may be necessary to arrange for the transport of patients by air and in the main this need will arise where patients have to be moved to specialist units some distance from the hospital to which they were first admitted.

Maintenance.—Once again it is a pleasure to report that the fleet has been efficiently maintained by the staff of the Public Health Transport Repair Workshops, who have taken care to ensure that the ambulances have been mechanically sound and fit for the road. The staff responsible for the maintenance and repair of bodywork has done this work most expeditiously, and the new cellulose spray shop has been a great asset in this respect.

Out-Patient Departments and the Ambulance Service.—In August the Ministry of Health issued a Hospital O. & M. Service Report based on studies undertaken in collaboration with the O. & M. Units of a number of local authorities. It describes arrangements which hospitals can make to assist ambulance services to operate with efficiency and economy, and stresses the need for systematic reviews to be made by hospital and ambulance staffs to ensure that time spent by patients in waiting before and after their appointments is kept within reasonable limits. The report gives details of the numbers and types of ambulances used and the use of the hospital car service, and suggests a system to ensure that demands for transport for out-patients are properly authorised. The ways in which hospital and local health authorities can co-operate to their mutual advantage and to the benefit of the patients in their care are explored. Throughout the report examples of good practice are cited and various suggestions are made for improvements in arrangements.

Civil Defence Ambulance and First Aid Section.—There are 197 volunteers in the Section, 19 of whom are Officers and 178 other ranks. Included among these are eleven centrally trained instructors and 17 locally trained instructors who are responsible for training classes every Tuesday, Wednesday and Thursday evenings. A First Aid Course is held on a Monday evening and a very successful course in extended First Aid was also held during the session.

The section has five ambulances and one dual purpose vehicle on loan from the Ministry of Health for training purposes and exercises. The Regional Director of Civil Defence again expressed his satisfaction with the calibre of the volunteers and the high standard of training within the section, but suggested that consideration should be given to the appointment of a full-time ambulance instructor.

ANALYSIS OF EMERGENCY CALLS 1964

Type of Case	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents in the Home													
Burns	4	1	11	2	2	1	4	2	15	8	10	10	70
Scalds	5	7	4	3	6	5	3	4	6	10	4	7	64
Falls	35	43	48	40	45	57	51	55	51	40	48	47	560
Gas and electricity mishaps	11	—	3	4	2	2	1	5	3	—	1	2	34
Poisoning	27	31	24	37	39	38	34	28	36	37	27	31	389
Fingers in wringing machine	—	—	—	1	—	2	—	3	4	1	1	2	14
Sudden illness	70	58	90	57	64	54	70	124	258	244	212	351	1,652
Miscellaneous	17	22	28	11	15	17	15	50	15	52	11	10	263
Totals	169	162	208	155	173	176	178	271	388	392	314	460	3,046
Accidents outside the Home													
Street accidents	170	124	167	149	179	202	212	161	174	261	222	227	2,248
Falls in street	53	64	48	50	78	46	58	46	43	55	56	79	676
Falls in shops & places of entertainment	8	12	10	6	11	9	13	10	14	9	18	11	131
Industrial	58	53	69	65	78	77	56	61	76	73	84	79	829
Sudden illness	86	76	86	87	111	91	75	96	88	61	84	85	1,026
Children injured at school or play	14	27	19	19	47	36	35	41	31	15	19	16	319
Assaults	14	18	21	17	27	23	16	26	22	20	17	32	253
Drownings	—	—	1	—	1	—	—	2	—	—	—	—	4
Fairground accidents	2	—	—	—	3	—	—	—	—	—	—	—	3
Attacks by animals	—	1	3	2	—	—	4	6	3	2	—	1	25
Railway accidents	—	—	1	1	—	1	—	2	—	—	2	1	8
Sport	7	14	13	4	7	10	4	5	19	9	12	16	120
Miscellaneous	42	26	31	30	32	31	32	46	45	37	18	36	406
Totals	454	415	469	430	575	526	505	502	515	542	532	583	6,048
Maternity cases	291	303	330	300	282	300	348	365	354	329	373	353	3,928
Total number of emergency cases...	914	880	1,007	885	1,030	1,002	1,031	1,138	1,257	1,263	1,219	1,396	13,022
Less number of fruitless journeys	52	41	48	31	46	48	41	58	52	60	42	63	582
Total number of patients carried	862	839	959	854	984	954	990	1,080	1,205	1,203	1,177	1,333	12,440

CARE AND AFTER-CARE

“Sickness comes on horseback but goes away on foot”

—W. C. Hazlitt (English Proverbs)

Under Section 28 of the National Health Service Act provision has been made for providing a variety of care and after-care services in cases of illness. Those relating to the tuberculous are referred to on page 71, and the after-care of mental illness on page 103. However, a great variety of nursing requisites are available on request to help in the care of patients suffering from any type of illness. Convalescence may also be arranged. In 1959 a ‘ meals on wheels ’ scheme was introduced and in 1960 the local authority obtained powers to provide chiropody.

PROVISION OF NURSING REQUISITES FOR PERSONS CONFINED OR NURSED AT HOME

Nursing requisites are available for loan either from depots directly under the administration of the City Council or from certain voluntary organisations acting as agents of the Authority. Depots are established at the Orchard Place, Firth Park and Manor maternity and child welfare centres, at Johnson Memorial Nurses’ Home, and at Norton Rectory. The voluntary agencies participating in this scheme are the Sheffield Hospital Services Council (38, Church Street), the Darnall and District Medical Aid Society (Fisher Lane, Darnall) and the British Red Cross Society (53, Clarke Grove Road).

The articles are loaned free of charge for a period of three months. Renewal of the loan may be made on application after this period has expired. During the year 6,474 articles were loaned from the City Council’s depots as compared with 5,698 in 1963.

The following figures compare the numbers of items loaned during 1960, and 1964 when the service had received more publicity and when closer contact had been established between the health visitors and the Care and After-Care Service. The comparison shows an increase of 69 % on the total items loaned directly by the City Council.

<i>Nursing Requisites</i>				<i>Loaned directly by the City Council</i>		<i>Loaned by Voluntary and Other Organi- sations as Agents of the City Council</i>	
				1960	1964	1960	1964
Air cushions and rings	...	...	...	384	390	147	99
Bed boards	...	...	...	46	128	—	—
Bed cages	...	...	...	84	115	11	36
Bed pans	...	...	...	710	1,458	675	513
Bed rests	...	...	...	372	422	122	112
Bed tables	...	...	...	31	25	3	6
Commodes	...	...	...	257	610	—	—
Crutches	...	...	...	105	118	383	462
Crutches (elbow)	...	...	...	27	122	—	—
Dunlopillo mattresses	...	...	...	148	193	—	—
Douche can	...	...	...	—	1	—	—
Feeding cups	...	...	...	64	82	12	21
Invalid chairs	...	...	...	334	385	22	54
Rubber sheets	...	...	...	842	1,707	694	439
Sorbo cushions	...	...	...	3	3	—	—
Sputum cups	...	...	...	10	—	—	—
Urinals (male and female)	...	...	...	245	392	151	143
Walking aids	...	...	...	10	2	—	—
Walking sticks	...	...	...	48	123	242	335
Walking sticks (quadruped)	...	...	...	12	13	—	—
Walking sticks (tripod)	...	...	...	91	185	—	—
TOTAL ARTICLES				3,823	6,474	2,466	2,220

In addition to bedsteads and bedding loaned to assist in the segregation of tuberculous persons (see page 71) bedsteads and mattresses are loaned to other patients (a) in order to effect their earlier discharge from hospital (b) to make it easier for the home nurse to care for patients, e.g. by having the bedstead downstairs and in some cases to overcome the necessity of admitting them to hospital.

During 1964 such loans were as follows:—
216 hospital-type bedsteads, 51 bedsteads with self-lifting attachments (to add to the independence, comfort and mobility of the patients) and 56 adult size cot bedsteads.

CONVALESCENCE FACILITIES

The arrangements continued for providing convalescence facilities for persons who have been ill, but whose active period of treatment is over,

and for those who suffer chronic ailments such as bronchitis and rheumatism. In all cases, a recommendation of a doctor is required before a patient is admitted to a convalescent home. A scale of weekly charges is laid down, the amount payable being assessed according to the family income. Before patients are assessed, it is ascertained whether they contribute to the 6d. per week scheme of the Sheffield and District Convalescent Hospital Services Council, or any similar scheme providing free convalescence. Patients are accepted for an initial period of two weeks, with provision for extending this if recommended by the medical officer of the convalescent home. This service is proving of special advantage to old people. (61 per cent of the patients admitted during 1964 had reached the age of 65 years and 39 per cent were 70 years or over).

Admissions during the past five years have been as follows:—

<i>Year</i>									<i>No. of Admissions</i>
1960	...	...	...	...	...	...	...	...	297
1961	...	...	...	...	...	...	...	...	267
1962	...	...	...	...	...	...	...	...	262
1963	...	...	...	...	...	...	...	...	258
1964	...	...	...	...	...	...	...	...	278

The organisations administering the homes used are receiving such a flood of requests for admission that a heavy strain is placed upon their accommodation during the summer months.

The admissions to convalescent homes during 1964 are summarised as follows:—

								<i>M.</i>	<i>F.</i>	<i>Total</i>
George Woofindin Convalescent Home, Mablethorpe	...							23	66	89
Yorkshire Foresters' Convalescent Home, Bridlington	...							17	72	89
Tudor House Convalescent Home, Bridlington	...	...						28	61	89
The British Red Cross Society Convalescent Home, Bridlington	...	...	...	...	...	...	...	—	1	1
Spero Fund Convalescent Homes for the Tuberculous	...							2	1	3
The Haven, Scarborough (The Royal National Institute for the Blind)	...	...	...	...	...	...	...	2	1	3
Craida House, Skegness (Sheffield Cripples Aid Association)	...							1	3	4
TOTALS	...	...	...	...	...	...	...	73	205	278

The age-groups of the persons admitted to the convalescent homes were as follows:— ...

		<i>Under 1 year</i>	<i>1—14 years</i>	<i>15—24 years</i>	<i>25—34 years</i>	<i>35—44 years</i>	<i>45—54 years</i>	<i>55—59 years</i>	<i>60—64 years</i>	<i>65—69 years</i>	<i>70—74 years</i>	<i>75—79 years</i>	<i>80 years and over</i>	<i>Totals</i>
Males	...	—	—	—	1	3	7	8	5	19	15	12	3	73
Females	...	—	—	3	1	9	28	17	27	41	47	21	11	205
TOTALS	...	—	—	3	2	12	35	25	32	60	62	33	14	278

NOTE.—Children of school age are the responsibility of the School Health Service.

The patients referred for convalescence were suffering from the following:—

Nervous and general debility	...	...	...	...	...	48
Bronchitis	...	...	...	...	...	44
Diseases of the heart and circulatory system	...	...	...	...	...	44
Post-operative debility	...	...	...	...	...	29
Arthritis and muscular rheumatism	...	...	...	...	...	23
Pneumonia	...	...	...	...	...	15
Diseases of central nervous system	...	...	...	...	...	12
Diseases of the digestive system	...	...	...	...	...	12
Psychoneurotic disorders	...	...	...	...	...	10
Anaemia	...	...	...	...	...	8
Injuries	...	...	...	...	...	6
Diseases of the genito-urinary system	...	...	...	...	...	4
Tuberculosis	...	...	...	...	...	3
Asthma	...	...	...	...	...	3
Other respiratory conditions	...	...	...	...	...	3
Diabetes	...	...	...	...	...	2
Miscellaneous	...	...	...	...	...	12

CHIROPODY

The chiropody service has been operating since July, 1960. Treatment is restricted to the elderly, the physically handicapped and expectant mothers. When applications for chiropody are received the normal procedure is for the health visitor to call on the applicant, explain the scope of the scheme and make some assessment of the priority of need.

During the year 817 applications were received and 33 of these were not approved. After allowing for patients who had died, been admitted to hospital, removed, etc., at the end of the year there were 3,255 patients on the register. At 31st December there were 40 applicants awaiting domiciliary treatment.

Following the introduction of state registration for chiropodists there was some improvement in the staffing position. Two full-time chiropodists were appointed who had been accepted for registration but who would not have been eligible for appointment under the regulations previously in force. At the end of the year the staff consisted of three full-time chiropodists and five part-time chiropodists working a total of 21 sessions weekly.

Weekly sessions were arranged as follows :—

	31st Dec. 1960	31st Dec. 1961	31st. Dec. 1962	31st Dec. 1963	31st Dec. 1964
Orchard Place	3	10	7	7	10
Manor ...	2	7	5	5	7
Firth Park ...	2	6	4	5	7
Greenhill ...	—	—	—	1	2
Domiciliary ...	13	13	6	7	25
Totals... ..	20	36	22	25	51
	==	==	==	==	==

The number of patients treated and treatments given during the year were as follows:—

	<i>No. of Patients</i>	<i>First Treatments</i>	<i>Subsequent Treatments</i>	<i>Total</i>
Orchard Place ...	800	171	2,885	3,056
Manor ...	694	157	2,321	2,478
Firth Park ...	647	115	2,315	2,430
Greenhill ...	124	49	425	474
Domiciliary ...	1,314	507	2,755	3,262
Totals	3,579	999	10,701	11,700

From 1st April, 1963, the City Council took over the chiropody service provided by the Council of Social Service in their clubs for old people. Details of treatment given by this means during the year were as follows:—

Number of sessions	...	...	207
Number of patients	...	...	342
Number of treatments	...	...	1,552

MEALS ON WHEELS

After a pilot scheme had operated for a period a comprehensive service was inaugurated in April, 1959. The Council of Social Service undertake the cooking and distribution of the meals, and the local authority provide transport and finance.

In 1964 the number of persons receiving 'meals on wheels' increased from 727 to 825, two meals being provided for each person each week. During the year, 80,507 meals were served, six vehicles being provided daily for this purpose by the authority.

The service continues to be very popular and is a good example of a useful partnership between a voluntary organisation and a local authority. During the operation of the scheme it has been found that the service has been of particular help to elderly people from geriatric units and those suffering from malnutrition. Others who have benefited from the scheme are those who are wholly or partly housebound on account of old age and frailty or other disabling conditions, e.g., arthritis, heart conditions, paralysis, blindness. Special diets were provided where necessary.

TUBERCULOSIS CONTROL

By R. E. Browne, M.R.C.S., L.R.C.P., D.P.H. and
Christina F. J. Ducksbury, M.B., Ch.B., D.P.H.
Assistant Maternity and Child Welfare and School
Medical Officers

*"I'm a great believer in luck, and I find the harder I work the more
I have of it."*
—Stephen Leacock

There has been a further small decrease in the number of new cases of pulmonary tuberculosis, 216 being notified during the year; other forms of the disease fell from 42 in 1963 to 29. In 1964, 40 pulmonary and 10 other forms occurred in immigrants.

The following table shows the number of new notifications (all forms) and deaths for the years 1952 to 1964 inclusive.

			No. of New Notifications			Incidence rate per 100,000 population	Total number of Deaths
Year			Pulmonary	Other Forms	Total		
1952	...	...	592	64	656	116	125
1953	...	...	556	61	617	110	109
1954	...	...	488	67	555	97	104
1955	...	...	456	50	506	91	119
1956	...	...	400	37	437	80	102
1957	...	...	425	52	477	85	83
1958	...	...	395	46	441	79	57
1959	...	...	336	29	365	66	66
1960	...	...	305	30	335	60	55
1961	...	...	233	48	281	49	45
1962	...	...	258	38	296	52	61
1963	...	...	221	42	263	45	42
1964	...	...	216	29	245	44	42

As in previous years the notifications tend to be more concentrated in certain areas and community groups in the City. A general analysis along these lines enables us to identify those groups more 'at risk', to ensure that case finding activities may be more usefully concentrated and additional efforts made to offer regular examinations and, if necessary, protective vaccination.

In males the incidence is high for the age group 25-64 and of 58 cases notified in the age group 25-44, thirty were immigrants. In females the age group most affected is 25-54, but the numbers are much lower than those in males and immigrants only accounted for one case.

TOTAL NOTIFICATIONS BY AGE AND SEX (Notifications in immigrants are shown in brackets)

Age	Males			Females			Males and Females		
	Pulmonary	Other Forms	All Forms	Pulmonary	Other Forms	All Forms	Pulmonary	Other Forms	All Forms
Under 1	—	—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—	—	—
2—	—	—	—	1	—	1	1	—	1
5—	1	1	2	—	—	—	1	1	2
10—	1	—	1	2	1	3	3	1	4
15—	5 (1)	—	5 (1)	4	2	6	9 (1)	2	11 (1)
20—	10 (4)	1 (1)	11 (5)	6 (3)	—	6 (3)	16 (7)	1 (1)	17 (8)
25—	31 (22)	8 (6)	39 (28)	10 (1)	2	12 (1)	41 (23)	10 (6)	51 (29)
35—	27 (8)	3 (2)	30 (10)	16	4 (1)	20 (1)	43 (8)	7 (3)	50 (11)
45—	21 (1)	—	21 (1)	12	1	13	33 (1)	1	34 (1)
55—	33	—	33	6	1	7	39	1	40
65—	15	1	16	4	2	6	19	3	22
75 and over	10	1	11	1	1	2	11	2	13
TOTALS ...	154 (36)	15 (9)	169 (45)	62 (4)	14 (1)	76 (5)	216 (40)	29 (10)	245 (50)

Notifications in Immigrants

			1964			1963	1962	1961	1960
			<i>Pul- monary</i>	<i>Other Forms</i>	<i>All Forms</i>	<i>All Forms</i>			
<i>Commonwealth Countries</i>									
Caribbean	...	...	2	2	4	2	4	3	5
Indian	...	...	1	—	1	2	2	1	—
Pakistan	...	...	23	3	26	16	19	18	5
Other Asian	...	...	11	3	14	7	8	15	13
African	...	...	1	1	2	3	3	—	1
Others	...	...	1	1	2	4	8	2	2
<i>Non-Commonwealth Countries</i>									
European	...	...	1	—	1	4	2	8	10
Others	...	...	—	—	—	—	—	—	—
TOTALS	...	...	40	10	50	38	46	47	36

Transfers In.—A total of 19 cases previously notified in other areas removed into Sheffield during the year. As they have already received treatment they are not a source of infection to the community. They are followed up by the health visitors to ensure that they receive adequate supervision, and that the various social services are made available to them.

Liaison Meetings.—Quarterly meetings are held with representatives from the Chest Clinic, Children's Hospital, Mass Radiography Unit and the local health authority services of Sheffield, Derbyshire and the West Riding. The pattern of these meetings remains much the same in that there is a discussion on current problems relating to the control of tuberculosis. A very close liaison is now maintained and, as a result, methods of finding and preventing new cases of tuberculosis are continually being improved.

Chronic Positive Register.—A register is kept of persons suffering from tuberculosis whose sputum regularly contains tubercle germs. Such persons are potential sources of infection, and as such they are regularly visited by the health visitors who advise the family on preventing spread of the infection, and help in the social problems associated with the disease.

Numbers on the Register at 31st December

1960	1961	1962	1963	1964
17	20	57	69	53*

* five of these are of the anonymous group of mycobacteria

Contact Tracing.—Tuberculosis is an infectious illness and so each new notification implies a further ‘source case’. The ‘source case’ has in turn acquired the infection from some other patient. An attempt to find these sources is made by the health visitor following up close contacts of all notified cases. This investigation may reveal further infected persons and it also provides an opportunity for offering protection by B.C.G. vaccination to those with no evidence of infection, and who have not previously acquired protection against tuberculosis.

The average number of contacts examined per notified case was 5·5 (6·7 in 1963) but even with this decrease the numbers who either refused or failed to attend were fewer than in recent years.

Details of the three monthly follow up of contacts of cases notified and transferred in during the year are given below:—

Group		Total	Examined within three months		Not given an appointment		Refused or failed to attend	
			No.	%	No.	%	No.	%
Adult household contacts	...	593	337	54·3	33	5·6	92	15·5
Adult non-household contacts	...	419	196	46·5	54	10·9	45	10·7
Child household contacts	...	211	137	64·9	25	11·9	20	9·5
Child non-household contacts	...	242	156	64·1	32	13·2	12	5·0
TOTALS	...	1,465	826	56·4	144	9·8	169	11·5

Contacts not given appointments include 119 attending regularly for routine chest X-rays, those already under medical supervision, those resident outside the City or because of inability to trace due to removal. Where contacts have their home outside the City, their names are sent to their own Medical Officer of Health.

Examination and/or X-ray of contacts was carried out during the year at the following centres:—

Chest Clinic (Royal Infirmary)	...	734
Children’s Hospital	...	7
Mass Radiography Centre	...	84
Elsewhere	...	29
TOTAL	...	854

The value of these 845 examinations is shown in the results:—

No abnormality found	831
(i.e. clear chest X-ray or negative skin test)	
Of these, 191 were given B.C.G.	
New cases notified	6
Recalled for further investigation	17

Of the 17 patients recalled, four have been discharged and others are being re-examined to ensure tuberculosis is not developing.

Mass Radiography.—Firms are encouraged to allow their employees to be X-rayed. In addition to this a list of workplaces of notified cases is forwarded to the Medical Director of the Mass Radiography Unit, who may then include in his programme any place showing a possible source of infection.

Rehousing.—To avoid spread of infection within a family where there is overcrowding the Chest Physician may recommend rehousing a patient with infectious tuberculosis. During the year four such cases were reported, with an additional five recommendations for exchange of a council house for one with more bedrooms. As in previous years there has been excellent co-operation from the Housing Manager and all were offered homes within a short time. Some houses were refused for a variety of personal reasons. Our records show that at 31st December 1964, 405 families were living on the estates under this special rehousing scheme, and 36 families were still awaiting rehousing.

Provision of Equipment.—Occasionally patients with infectious tuberculosis are treated at home. In these cases they are recommended to sleep alone, or at least in their own bed. Items loaned during 1964 to help with this were:—

mattresses 3, mattress covers 3, sheets 30, blankets 12, pillows 12, and pillow cases 15.

Infectious patients may also be supplied with waxed cartons to collect sputum prior to burning; supplies were given on 67 occasions during the year.

Care and After-Care.—Properly this section refers to the support of patients, but it is included here to complete the picture of work with tuberculous patients. (See also Welfare of Handicapped Persons, page 136).

After treatment many patients are unable to return to their normal employment. A few severely disabled persons attend the local authority centre at Psalter Lane (see page 136). Sheltered employment is available to suitable patients at a Remploy Factory in Sheffield. Still more tuberculous patients may be found work through the Disablement Resettlement Officer of the Ministry of Labour. During the year 59 patients were referred in this manner.

To assist recovery, appropriate cases may be granted free issue of milk by the local authority. At 31st December, 1964, 112 patients were in receipt of one pint, and four patients received two pints per day.

The National Assistance Board is often prepared to meet urgent needs which patients and their families could otherwise not afford.

B.C.G. Vaccination.—Apart from all the case finding activities and support of patients described above, the Health Department spends much time and effort in giving active protection against tuberculosis to specially selected groups of people.

Babies born into Tuberculous Households.—Babies have little resistance to tuberculosis, but a high measure of protection can be given by B.C.G. vaccination. During 1964 B.C.G. vaccination was given to 465 babies. As protection takes some six weeks to develop there is often a need to segregate babies from an active case during this period, and in case of difficulty with accommodation babies are taken into temporary residential care for this purpose.

School Children.—Adolescents, with their widening circle of contacts both before and after leaving school, have long been recognised as a special 'at risk' group. Until quite recently examination by skin test was offered in school to children aged about 13 years but children are now offered this examination in the first year of secondary school. Unless B.C.G. vaccination has previously been given, a positive reaction to the test is a sign of past tuberculous infection. All positive reactors are offered a chest X-ray; negative reactors have little resistance to tuberculosis and are offered B.C.G. vaccination. The report on skin testing and B.C.G. vaccination follows.

B.C.G. VACCINATION OF SCHOOL CHILDREN

During 1964, the scheme for the B.C.G. vaccination of school children was continued. The policy, adopted in 1962, aimed at eventually vaccinating eleven year old children was continued and the second stage completed in June, 1964. From October, 1964, eleven year old children are being given the opportunity of vaccination, together with any other children who have missed it in previous years due to being absent, unwilling, or in the process of changing schools.

	<i>No previous vaccination</i>	<i>Previous B.C.G.</i>	<i>Total</i>
Number of consents received ...	8,814	618	9,432
Number of refusals received ...	783	631	1,414
Numbers tested	7,750	491	8,241
Number of positive reactors ...	502	333	835
Number of negative reactors ...	7,248	158	7,406
Number vaccinated	7,062	147	7,209
Number not vaccinated	186	11	197
% positive	6·5	67·8	10·1
% negative	93·5	32·2	89·9

Comments.—Approximately 10,846 children were eligible for inclusion in the scheme for vaccination. The apparent consent rate is 86·9%, or 92·3% if refusals due to previous vaccination are excluded. However, these figures may be a little high as they are calculated only from the number of completed forms returned. It is hoped to provide more exact information in the next report.

The absentee rate was 12·6%. At the end of 1964, there were some children due to receive appointments for a special session; this would reduce the final absentee rate.

The positive reactor rate during 1964 was 6·5% amongst children not previously vaccinated. 835 children altogether were found to be positive; of these 208 were strongly positive, 47 having been vaccinated before. The positive reactor rate remained at a fairly satisfactory low level during the year, probably partly due to the fact that younger children are being tested.

491 children stated to have had B.C.G. previously (e.g. at the Chest Clinic) were tested, and 32·2% of these had reverted to a negative reaction. 147 of these children were re-vaccinated.

197 negative reactors were not vaccinated. Some had other immunisations in progress, but most of them were not willing to be vaccinated.

X-ray of Positive Reactors.—Of the 788 children who attended for chest X-ray, 96 were those whose parents had requested an X-ray only. 173 children for whom appointments were made failed to attend.

The results of the X-rays were as follows:—

Normal chest	...	...	...	...	...	...	764
Evidence of past tubercular lesions now healed	...	...	...	...	...	...	15
Miscellaneous lesions	...	...	...	...	...	...	2
Suspected active tuberculosis	...	...	...	...	...	...	5
Children to be kept under supervision	...	...	...	...	...	...	2
TOTAL							788

CONTACT INVESTIGATION

The investigation of contacts of the positive reactors was continued during 1964, when 184 households were visited by the health visitors. The purpose of this work is to discover the source of infection responsible for the positive tuberculin reaction in the child and to offer protective measures to the other members of the family.

Source Tracing.—In 41 of the households visited (22%), there was a definite history of a source of infection to which the child had been exposed. In ten others there was a remote family history of tuberculosis.

Of the positive reactors, eight children had had a clinically recognisable form of tuberculosis, and three of these were still under supervision.

Relationship of Source

					<i>Number</i>	<i>%</i>
Father or mother	...	...	...	...	13	31·7
Brother or sister	...	...	...	...	3	7·3
Grandparent	...	...	...	...	5	12·2
Uncle, aunt, cousin	...	...	...	...	12	29·3
Neighbours, friends	...	...	...	...	8	19·5
TOTAL					41	100·0

Approximately 39% of the known sources lie within the immediate family circle.

Contacts.—In each household visited, the health visitor interviewed the parents, explaining the significance of the positive reaction and the purpose of the investigation. Older contacts were advised to attend for chest X-ray, and younger children recommended to have a skin test at the chest clinic. Where these skin tests were positive, chest X-ray was advised; negative reactors were given B.C.G. when immediate protection was indicated, or when specially requested by the parents.

X-ray examination of Older Contacts

Number advised to have chest X-ray	478
Number stating they had recent X-ray	95
Number who had had B.C.G. quite recently at school ...	38
Number X-rayed	99
Number already under supervision	8
% X-rayed	20·3
% X-rayed including recent X-ray	40·2
Percentage covered by X-ray or recent B.C.G.	48·1

Result of X-ray Examination

No abnormality found	97
To be recalled later for further X-ray	2

Skin Testing of Younger Siblings

Number of siblings for whom skin testing recommended ...	162
Number tested	64
Number already had B.C.G.	13
Percentage covered by testing or previous B.C.G.	44·4

55 children were found to have a negative reaction to the skin test; 27 of these were vaccinated.

There were seven positive reactors; five of these were X-rayed and found to have a normal chest. Two children did not return for reading of the test. The parents of two of the positive reactors did not agree to a chest X-ray.

THE SOCIAL PROBLEM GROUP

By CATHERINE H. WRIGHT, M.B., Ch.B., D.P.H.,
Assistant Maternity and Child Welfare Medical Officer

" Many are called but few get up "

—Oliver Herford

The two family case workers continue their supportive work for families whose problems are many and overwhelming. In the course of the year 1,609 home visits have been made and 1,762 contacts with other local authority departments, various agents of the law and many other case-workers in the City. It often happens that five or six individuals in the social work orbit will meet to have a discussion about a family so that agreement may be reached on what help can be given by different departments and the general lines of policy to be pursued. What have seemed almost inevitable evictions have been prevented by concerted efforts, and agreement has been reached about children who present behaviour difficulties to avoid their removal from home.

The problems presented by the families referred for help are diverse and of varying degrees of complexity. In some cases serious money difficulties have arisen because resentment and incompatibilities between husband and wife have led to irrational behaviour, such as refusal by the husband to go to work or extravagant spending by the wife. To sort out the situation is by no means simple, as in almost every case the parents have been brought up in unhappy or broken homes and are at the mercy of their own immature emotions when attempting to come to decisions within their own family.

The support of some families involves helping the parents to keep appointments at hospitals and clinics for themselves and their children, and negotiating with the National Assistance Board when mother loses her purse or father has a short week or indulges in a bout of excessive drinking at the weekend. The social workers have to be prepared to be as patient as good parents, since the fathers and mothers of the families can never be firmly relied upon to carry out promises to keep appointments or to be in when visited or to make payments, even where these have been reduced as a result of concessions obtained for them by the family case worker.

The following are brief case histories of families referred during the year:

Case 1.—Father, mother and three children living in one furnished room and about to be turned out of their accommodation. This was the immediate problem but six week old twins were poorly cared for and had to be admitted to hospital, as both parents seemed disinterested in them and the mother was apathetic and depressed. This

family had been in Sheffield only a few weeks and it was difficult to discover the circumstances of their arrival here with no belongings except some clothing. Slightly better accommodation was obtained and frequent visits were made to encourage the mother to give normal attention to her twins when they were returned to her. Eventually she and her husband began to assume greater responsibility as parents. Then, for no obvious reason, the family left Sheffield and the health authority in whose care they are now requested full information when their inadequacy became evident in their new surroundings.

Case 2.—A widow with six children. The mother was depressed and suicidal because she was expecting an illegitimate baby and her eldest child was very hostile towards this circumstance. She was supported as a psychiatric patient but when the half-coloured baby arrived she refused to take it home and for a time it was in a foster home. After an exchange of tenancy to a new district she accepted her baby and the family is now living more harmoniously.

Case 3.—Man, wife and two children—referred because of serious rent arrears and risk of eviction. The father was working very irregularly because he has always found it difficult to get up in the morning. The mother who liked to have her house adequately furnished and the children well dressed was bitterly resentful and threatening to leave home. In spite of intensive effort on the part of the family case worker the situation became worse and a notice to quit caused the mother to leave home with the children. A small money grant obtained from a Services Association helped to stave off eviction and the husband obtained another job and made more effort to go to work. The family, thanks to the combined efforts of several departments, is now reunited and endeavouring to wipe out rent arrears which are still considerable.

Case 4.—Man, wife and four children—facing a threat of eviction because of serious rent arrears. The mother, overwhelmed with worry, was a patient at Whiteley Wood Clinic but unable to keep up her attendances as a day patient because she had no one to look after the children. Her husband was trying to work at a job in the evening as well as a daytime job to avoid eviction, but he did not seem to be a stable person and was little support to his wife. The services of a home help to look after the children enabled the mother to resume her psychiatric treatment and, after a further suicide attempt, the emotional difficulties between husband and wife began to resolve and it has been possible to cease visiting.

By the time the families are referred for help almost all the mothers wish to limit the number of their children to those they already have, or to have an interval of a few years before the next pregnancy. New methods of contraception make this easier for the harassed mother. Much reassurance and advice is necessary to overcome anxieties; transport has sometimes to be provided to get round the difficulties of attending clinics. To emphasise the need for this kind of help it may be said that one family visited has thirteen children, three have twelve and one ten.

The Children's Club, held one evening each week, continues to be a worthwhile and stimulating activity. About fifty children come regularly, and many interested people including university students give help so that the children may have individual attention in whatever way they require this. A few mothers attend regularly and most have come at one time or another just to see what happens.

In the summer three groups of children were taken youth hostelling. Thanks to a gift of money from the Lord Mayor's Fund it was possible to buy rucksacks and sleeping bags for these outings. The Hallamshire Ladies Circle raised money to send forty mothers and young children for a day to Bridlington.

One outcome of the club was not fully foreseen. Parents warm to those who are kind to their children and, although the result of this cementing of friendship cannot be measured, its existence has given a great lift to the relationship between the social workers and the parents of the children who attend.

HOME HELP AND HOME WARDEN SERVICE

By Miss D. J. PARKER, Superintendent Organiser

“ The only malady I could conclude I had not got was housemaid’s knee ”

—Jerome K. Jerome (Three Men in a Boat)

Care of the Aged.—The idea that an elderly person moves or even wishes to move at increasing stages of infirmity from his own home to residential accommodation and finally to hospital does not happen so conveniently in practice. A great amount of help is required by elderly people in the latter stages of their infirmity, often when they are bedfast and helpless and should really be in hospital. Even after admission some return to their own homes prematurely and need constant care.

Inevitably the success of earlier schemes and the publicity they have been given has produced greater demands on the service by the public. Unfortunately it is the availability of woman power that measures the pace and scope of development just as it is in most community care schemes. Perhaps, however, this is so obvious that there is a tendency to overlook the extensive and continuous organising that is necessary in this service, and the need for the retention of experienced home helps. In addition to an ever increasing case load, the home warden service, the training scheme and the laundry service for incontinent patients have placed a great burden on the organising staff.

The constant problem of caring for the aged continues to devolve on this service to a great extent. Some requests are purely for domestic assistance, the applicants being under the impression that help is available to anyone and is an entitlement by virtue of having paid rates and taxes, but the majority are in genuine need of help through illness or infirmity, and have a strong desire to remain in their own familiar homes. Independence is almost as important as security to old people. The provision of a home help or home warden may enable the old person to continue in a well-known neighbourhood among friends, churches, chapels, clubs and shops; in many cases old people prefer the accustomed way of living even with the attendant difficulties. Considerable assistance has been given to elderly patients aged between 90 and 100 years and in most cases daily help has been necessary as they reached greater degrees of infirmity and eventually became bedfast. In spite of the difficulties the patients have expressed great satisfaction that they may have been able to remain in their own homes when they had a great fear of being taken to hospital.

General Care.—The type of help given by the service has continued to change during the last year. Less routine cleaning is done—although of course much of the work is cleaning—but it has been combined with the preparation of meals and more general care of the patient. This is partly due to the training of the helps, since they have come to realise that their duties have a broader scope, and the instruction they have received has given them confidence to persuade the patients to accept help far beyond simple cleaning.

During the year 39 housebound and incontinent patients used the washing service and 7,106 articles were laundered.

Maternity Cases.—There have been 15 requests from mothers for ante-natal and postnatal help, some of whom had not booked a home help for their confinement. It has become apparent that relatively few people realise they are eligible for home help in such circumstances. Mothers have expressed great relief in knowing that there is an established service to which they can turn instead of relying on neighbours for this type of help. Details of all maternity cases booked and visited are shown below:—

<i>Full-time cases attended</i>	<i>Part-time cases attended (where other help available)</i>	<i>Cases attended after 48 hours (hospital delivery)</i>	<i>Cases booked but appointment cancelled owing to confinement in hospital for full period</i>	<i>Cases booked but finally withdrawn (private arrangements made)</i>	<i>Total cases visited</i>	<i>Total cases attended</i>
216	162	50	32	141	683	445

Close liaison has been maintained with all voluntary bodies in the City but three in particular, the Sheffield Social Responsibility Committee, the Good Samaritans and the International Voluntary Service, have been particularly helpful. Many varied requests have been made to them to augment the home help service. In the main these organisations have arranged regular weekly visits to cheer housebound patients, taken children to school whilst mothers were ill, looked after children whilst fathers have visited mothers in hospital, tidied gardens, clipped hedges, decorated, and taken patients on many trips and social outings. In some cases they have made all arrangements for the removal of sick and aged people, and carried out the re-laying of carpets and linos, putting up curtains, etc. These voluntary organisations are a tremendous help in easing the pressure on the home help service.

Warden Service.—The warden service continues to fill a great need, and much comfort has been derived by patients from the knowledge that they will not be left alone for very long. It is gratifying to find that the wardens are accepted as friends offering a helping hand. The wardens have proved that they have the personality, manner, ability and judgement to deal with any situation that arises and, as the scheme proceeds, it becomes difficult to understand who undertook all the various tasks before they were appointed. The success of the scheme makes it clear that the demands of the service will not diminish.

Home Helps.—Twenty-five per cent more helps were employed in 1964 than 1963 but resignations were still received at a high rate and by the end of the year some 20,000 less hours had been worked than in the previous year. It is becoming increasingly difficult to recruit full-time helps and, therefore, it is necessary to appoint a large number of part-time helps. The time spent on the taking up of references, interviewing, medical examination and initial training is considerable, and the day to day allocation of work is a more complicated operation.

During the last three years 607 helps have been engaged but 560 have resigned. Therefore it seems imperative that there must be considerable thought and action on the whole matter of recruitment, and effort towards the retention of helps once they have been engaged. A great number of home helps leave within the first year, and during this period encouragement and advice is necessary. Unfortunately each organiser has some 70 home helps and 400 patients for whom to make arrangements. It is essential that an organiser should be able to deal quickly and effectively with problems arising from faulty personal relations between help and patient. Regretfully it has been necessary to reduce the training courses as organisers are fully committed on their districts.

Women who were brought up mainly in domestic work and accustomed to this as full-time employment are retiring, and the spread of education and training in many spheres provides alternative and often more attractive forms of employment. If it is wished to attract and retain helps with initiative, commonsense and the will to work, there must be every opportunity for them to understand fully the ways in which the service functions and a greater recognition of the value of their work in the life of the community.

The arrangements in regard to allocation of home help do not follow stereotyped patterns, and there is scope for investigation and experiment so that the uses and limitations of various procedures can be accurately determined. The preparation of the weekly programme, showing the times and locations of some 520 helps and wardens has always been a time

consuming factor. The adoption of a new form of weekly programme, formulated by the staff themselves, giving a clear visual picture, with accurate information, has been of tremendous value and saved a great deal of repetitive clerical work.

A new district office has been opened in the Gleadless Valley area amid a large new housing development. The pleasant surroundings and increased office space have contributed much to the efficient running of the service and, since the opening of this new office, liaison between the doctors and health visitors has improved. The large number of home helps living on this estate have appreciated the opportunity of visiting their organiser to discuss problems as they arise.

Social Activities.—The social club has helped to foster a friendlier spirit and acts as an encouragement to make new home helps feel they belong to the service. Committee members make themselves known to all new home helps, and encourage them to join the club and arrange to go with them to their first meeting or outing. Home helps who are absent for any length of time are visited and taken a gift of flowers, fruit or chocolate. Members of the club raised quite a large sum of money by their own efforts to provide a party for elderly patients. The patients have commented that it is something they will remember for a long time, not just for the party but because of the thought, effort and time that the home helps put in to make it successful.

HOME HELP AND HOME WARDEN SERVICE

Report for the Year 1964

CASES WHERE HOME HELP WAS PROVIDED

(a)	Number receiving assistance at 31-12-63 ...	...	...	...	2,763
(b)	Number of new cases during the year ...	...	...	...	2,025
(c)	Number ceasing to require assistance during the year ...	...	...	...	1,868
(d)	Number receiving assistance at 31-12-64 ...	...	...	...	2,920

TYPES OF CASES

Group				Help given in Hours				
				No. of Cases		Daily	Evening	Night
				Old	New	Service	Service	Service
(a)	Maternity	...	...	21	445	25,899	—	—
(b)	Old age	...	...	2,487	1,236	520,610	13	60
(c)	Long term illness	...	...	187	104	45,353	—	—
(d)	Short term illness	...	...	43	184	15,705	—	—
(e)	Care of children	...	...	2	33	3,464	—	—
(f)	Tuberculosis	...	...	22	21	4,615		
(g)	Problem families	...	...	1	2	160	—	—
TOTALS				...	...	...	...	...
				2,763	2,025	615,806	13	60

[illegible]

VISITS BY HOME HELP ORGANISERS									
(a)	New Enquiries:	(i)	Maternity		685
		(ii)	Others	2,256
(b)	Existing cases	5,867
(c)	Helps seen at work	4,762
(d)	Helps seen at home	1,070
(e)	Miscellaneous	772
(f)	Ineffective	1,082
TOTAL ...									16,494

HOME HELPS				<i>Full-time</i>	<i>Part-time</i>	<i>Total</i>
(a)	Number of staff at 31-12-63	82	397	479
(b)	Number commenced duty during 1964		...	31	170	201
(c)	Number left service during 1964		...	33	149	182
(d)	Number of staff at 31-12-64	80	418	498

HOME WARDEN SERVICE

Report for the Year 1964

Number of wardens employed at 31-12-64 ... 19
 Number of cases visited where home help available ... 584
 Number of cases visited where home help not available 75

Number of patients supervised in each area, and calls made are shown below:—

Area Covered	Patients Supervised	Patients Bedfast	Daily Calls Monday-Friday	Evening Calls	Weekend Calls	Total Calls
Southey Green and Wadsley Bridge	191	24	8,831	3,865	3,179	15,875
Firth Park and Shiregreen	68	20	3,832	1,915	1,371	7,118
Greenhill and Meadowhead	59	27	6,793	3,092	3,066	12,951
Gleadless Valley ...	31	2	2,635	876	1,219	4,730
Lowfields and Arbourthorne	65	9	5,786	2,578	2,194	10,558
Manor Park and Bowden Wood	67	20	6,947	2,357	1,971	11,275
Stradbroke ...	28	4	2,621	1,060	1,142	4,823
Crookes, Crookesmoor and Town Centre	112	18	4,832	2,322	2,658	9,812
Hillsborough and Middlewood	56	14	1,994	1,077	1,144	4,215
Ecclesall ...	36	11	1,301	764	592	2,657
TOTALS	713	149	45,572	19,906	18,536	84,014

Duties carried out by the wardens were as follows:—

Area Covered	Fire Making	Bed Making	Preparation of Meals	Laundry and Mending	Carrying in Coal	Shopping	Doctors' Calls
Southey Green and Wadsley Bridge	2,192	2,560	2,159	947	1,072	3,490	93
Firth Park and Shiregreen	1,551	1,429	2,166	463	1,800	1,467	20
Greenhill and Meadowhead	1,514	960	1,735	449	2,354	4,141	20
Gleadless Valley ...	201	137	289	300	318	1,694	4
Lowfields and Arbourthorne	1,296	1,752	1,650	344	2,034	1,523	7
Manor Park and Bowden Wood	1,986	1,412	812	308	2,008	2,967	43
Stradbroke ...	695	526	909	122	1,456	794	2
Crookes, Crookesmoor and Town Centre	777	958	1,579	311	1,452	2,089	22
Hillsborough and Middlewood	522	437	1,162	298	758	540	8
Ecclesall ...	53	407	469	117	417	451	3
TOTALS	10,787	10,578	12,930	3,659	13,669	19,156	222

HEALTH EDUCATION

By F. St.D. ROWNTREE, M.R.S.H., M.R.I.P.H., M.I.P.R., M.I.H.E.,
Health Education Organiser

"If I had my way I'd make health catching instead of disease"

—Robert Ingersoll

Throughout the world in laboratories, research departments and hospitals, the search to find new ways of curing and preventing disease and alleviating suffering goes on. Each new discovery made adds to the vast store of knowledge accumulated over the years by medical and scientific workers, whose painstaking efforts have led to the present high standards enjoyed today. The work of what has been popularly called 'the white coated army' of medical and research workers has been endowed in the minds of the public with a drama and mystique absent from their concept of preventive medicine. All too often the efforts of public health workers go unheralded and unsung.

Because of the progress which has already been made in the conquest of many of the major ills which have been the curse of mankind for centuries, a new phase has been entered upon. Today a turning point has been reached in the history of medicine. Responsibility for the prevention of illness and the promotion of health no longer lies in the hands of the full-time health or medical specialist alone, but is now shared between health workers and the layman, each making his own contribution to the promotion of both personal and community health. Whilst the diagnosis and cure of disease will always remain the province of the highly trained specialist, the prevention of illness must become more and more a shared activity of the community as a whole.

Health education has played an increasingly important part in modern health practice and is one of the main ways in which this co-operative effort can be encouraged. Because of developments which have taken place since the inception of the National Health Service and the increased effectiveness of deliberately planned health education programmes, a special committee of the Central Health Service Councils was set up in 1959 under the chairmanship of Lord Cohen of Birkenhead "to consider whether having regard to recent developments in medicine there are any fresh fields where health education might be expected to be of benefit to the public; how far it is possible to assess the results of health education in the past; and in the light of these considerations what methods are likely to be effective in the future". The Report which is undoubtedly a document of great historic importance in the field of public health made a series of recommendations concerning the future practice of health education at both local and national levels.

It is interesting to note that the recommendations concerning the work of local health authorities in this field bear a striking similarity to the health education programme being carried out in Sheffield, and is an indication of the progressive and pioneering work undertaken by the City's Health Committee and the staff of the Public Health Department. The establishment in 1959 of the Health Education Service aimed at developing and co-ordinating still further the health education work which was already being carried out in the Department. Premises were provided for use as a health education centre and to serve as a base for the newly formed service. In the five years following it became increasingly apparent that the technical and administrative facilities of the original centre had been outgrown and that new premises were essential. In mid-1964 the health education centre moved to the present two-storey building in the City centre. A number of alterations to the building were necessary most of which were completed by the end of the year. The accommodation now comprises:— a large exhibition hall; interviewing and conference room; small lecture and preview theatre; laboratories and dark room; two main workshops; artists' studio. There is also a large internal exhibition store and loading bay. Second floor:— in addition to three general offices there are rooms for poster and leaflet collections, exhibition storage, duplicating and collating and audio visual equipment and projection. The main floor area is occupied by a large L shaped theatre capable of seating more than a hundred persons, but which under normal circumstances is divided into two, providing a seventy-five seat lecture theatre and a multi-purpose room for demonstrations and displays.

WORK AT THE HEALTH EDUCATION CENTRE

The health education centre serves as the focal point of the programme and as the reservoir of teaching materials and equipment, techniques and information. Whilst formerly the resources available have been reserved for the staff of the Public Health Department, increasing use has been made of the facilities by other Corporation Departments and outside organisations. With the increasing facilities now available to the health education service it will be possible to expand the assistance given to individuals and organisations able to contribute to the health education of the public.

The work of the health education service falls into the following main sections:—

TEETH MATTER

STRUCTURE

PROMOTING FOOT HEALTH



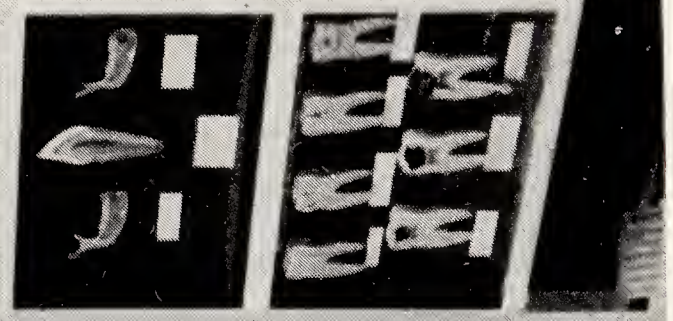
THE TOWERS TRAINING CENTRE

TRANSPORT FOR TRAINERS

TRAINERS IN CAMP

JUNIOR TRAINING CENTRE

HOSTEL FOR REHABILITATION



Organisation and Implementation of Programmes.—A comprehensive programme of education covering all aspects of mental, physical, emotional and social health at home, work, school and leisure is offered to the public by means of personal teaching provided during lectures, film shows, discussions and at exhibitions; also in the form of impersonal information aimed at creating background awareness through posters, leaflets and the use of the mass media. Whilst emphasis is given to certain aspects of health which are regarded as basic every effort is made to avoid sectionalisation of health subjects and to develop the concept of health as an interrelated and interdependent whole. The policy of maintaining contact with groups by arranging courses rather than individual meetings has been continued. A new development has been that of encouraging groups to visit the health education centre for meetings at least once during the year. The number of requests made immediately following the first invitations indicate that these visits will become a popular part of the programme of both youth and adult groups of all types. The visits include a tour of the permanent health exhibition at the centre and lectures, film shows and discussions in the theatre. The ready availability of a wide range of teaching materials and equipment at the centre allows for a flexible approach in meeting particular or spontaneous interests shown by the groups during the visits.

The availability of the new lecture theatre has provided opportunities for activities not previously possible, and it is proposed that amongst the new ventures will be both daytime and evening 'Preparation for Parenthood' courses.

Officers of all sections of the Department participate in the programmes arranged both at the health education centre, in Public Health Department premises and at the headquarters of groups and organisations throughout the City. The services of speakers and discussion leaders from other departments and voluntary organisations are also being widely used.

Visits by the staff to the health education centre and reciprocal visits by the staff of the health education service are a useful means of stimulating interest and activity.

Liaison with Organisations.—Continuous liaison is maintained with all types of organisations, encouraging them to take advantage of the programme offered or in the arrangement of projects of specific interest to their members. In addition to the contacts with community groups there has been extremely close co-operation with official bodies, such as the Children's, Education and Social Care Departments, the City Police, hospitals, the School of Nursing, the Blood Transfusion and Mass Radiography Services, the Telephone Samaritans and the churches.

Regular liaison with radio and television and both the local and international press has resulted in valuable coverage of health education projects.

Production of Audio Visual Media.—Audio visual aids and teaching media are available or obtained through the health education centre and increasing use is being made of the visual aids loan service. Teaching aids and displays are also produced by the technical staff in response to specific requests.

Health Exhibition Service.—In the past health exhibition units were produced for use outside the health education centre. The availability of the exhibition hall in the new premises means that it is now possible to arrange permanent exhibitions to which the public have access, and it is proposed that a regular changeover of topics should be arranged. This facility has already proved useful in that the exhibits seen by visitors to the centre have been requested for use elsewhere.

During the year new large-sized displays and exhibitions on mental health and the work of the Social Psychiatry Service, nutrition, dental health, safety, care of the feet, clean air and other aspects of personal and community health were produced. In addition a number of smaller portable units were produced as part of the loan service.

In-Service Training.—The programme of in-service and refresher training was continued by means of lectures, meetings and previews which took place at the health education centre for medical, nursing and the public health inspectorial staff. The subjects of the meetings were either on new methods and media of health education or on matters relevant to the professional work of the staff. Lectures and special courses were also provided for teachers and teachers-in-training, staffs from the Children's and Housing Departments, youth leaders, dental students, ward sisters and others. Meetings and visits were also arranged for the Royal College of Midwives, Queen's Institute of District Nursing, Institute of Social Welfare and the Boy Scouts Association.

Health Information Service.—Information on health matters was provided for the staff of the Department and other health and welfare workers. In addition to verbal answers to questions, abstracts of articles, background notes and journals were circulated. Considerable use was made of the information service by the press, radio and television in the preparation of programme and feature articles.

Health Education and Information Bulletin.—Production of the monthly “Health Education and Information Bulletin” continued and entered the sixth year of publication. Both general and special articles were produced on a wide range of health topics. The bulletin is issued to staff of the Public Health Department and other professional workers in the City. Copies are sent to certain specialist libraries.

THE HEALTH EDUCATION PROGRAMME

Health education represents the total of all of the influences affecting knowledge, attitudes and behaviour in health matters. Many of the influences which affect the beliefs and behaviour of the public are derived from sources other than the deliberately provided health education programme, the mass media, advertising and, in particular, popular culture and tradition playing an important part. The purpose of the Department’s health education programme is, not only to provide accurate information and to persuade people to take action upon it, but also to correct many of the widely held ‘anti-health’ beliefs derived from other sources. For this reason the programme is extremely widely based having facets which reflect both the interest and the needs of the public. Whilst the range of health education matter is impossible to delineate, certain topics require special attention.

Environmental Health.—Health education and advice are given by public health inspectors during visits to homes, shops and factories. Environmental health subjects are also included in the main health education programme, including the work of the public health inspector, housing and home improvement, clean air and food hygiene. As a result of talks given to groups there is an increased interest in this aspect of health, and it is proposed that a comprehensive lecture programme of environmental health topics should be circularised and that it should be sent to organising secretaries during the coming year.

Clean Air.—Since the commencement of the smoke control programme in 1959, lectures and film shows have been arranged in all parts of the City. Where new smoke control areas have been confirmed exhibitions are also arranged. This work is now a routine part of the programme.

Food Hygiene.—Education on this subject is also carried out as routine with both food handlers and the general public, and there is a steady stream of requests for lectures and film shows. Due to the widely publicised Aberdeen typhoid outbreak there was increased awareness from the public of the importance of food hygiene; in consequence there was a great demand from groups for both lectures and films and from food firms for

poster materials for display on their premises. New films on food hygiene have been added to the film library and have been useful in arranging refresher talks and follow-up visits to groups.

Personal and Family Health.—Personal education and advice suited to the needs of the individual and the family as a whole is provided by health visitors, midwives, home nurses, mental welfare officers and other social workers. Many of these members of the staff also take part in the continually expanding group teaching programme.

Health Education of Young People.—There has been further development of the liaison with head teachers and their staffs in the provision of direct health education in the school curriculum. Advice on the arrangement of programmes and the loan of teaching materials for use by school staffs are now a routine part of the work of the health education service.

The staff of the Department also take an active part in providing health education in schools and youth groups by arranging 'health weeks' and by giving lectures or courses of talks particularly on the theme 'Health of the Adolescent'.

The health education provided for young people has a two-fold aim: first, to give information on health matters relevant to their age and, secondly, to prepare them for their role as parents and citizens of the future. The courses include talks and discussions on mental and physical development and human relationships. Opportunities are always given to ask questions and to discuss the subjects freely. New films have been obtained for showing to young people and are proving extremely valuable in stimulating interest and encouraging discussion. The films are also shown to groups of parents with a view to helping them deal with questions raised by their children at home.

Preparation for Parenthood.—Preparation for parenthood is regarded as a continuous process and is commenced during the period of adolescence with both school and youth groups, thus building up a background for the formal parentcraft teaching provided by the staff at maternity and child welfare centres. During the year 377 daytime classes were held which were attended by 3,856 mothers. In addition, evening meetings were arranged at which fathers, grandparents and other interested members of the family were invited. Evening meetings are now a routine part of each antenatal course and provide a useful opportunity for the members of the family to meet the various health workers who can provide assistance and advice during both the ante and postnatal period. Close liaison on preparation for parenthood teaching is maintained with the City's hospitals. Films, booklets and other teaching materials used in the local authority's centres are made available to the hospital staffs for use in their teaching programme.

Other Special Groups.—Many groups within the community have specific health needs and interests, and every effort is made to provide courses with these particular problems in mind, examples being the club for the children of problem families, groups of the elderly and specially handicapped, students in training and persons taking special courses such as the Red Cross, St. John Ambulance, Boy Scouts, and Duke of Edinburgh Award candidates. In the future it is proposed to extend this programme to include education courses for business executives, housewives and non-English speaking immigrants.

MAJOR CAMPAIGNS

Smoking and Health.—Since the inception of the Health Education Service, references to the dangers of tobacco smoking, particularly in the form of cigarettes, have been included in all general health talks, especially those provided for young people. Other work has included poster campaigns, distribution of leaflets, exhibitions and displays, publication of articles in the local press, the use of postal franking stamps and the distribution of bookmarks. More direct work with people seeking help in giving up the smoking habit commenced in 1962 with the formation of an experimental Smokers' Advisory Clinic, meeting at weekly intervals. Experience with this group showed that an interval of one week between the meetings was too long. Late in 1963 arrangements were made for a short intensive course, of a week's duration, under the heading 'Five-Day Plan to Stop Smoking', details of which are given in the report of the Medical Officer of Health for 1963. Enrolment for this course was at first slow, and the bulk of applications were received after intensive press and television publicity. During the plan there was further publicity, which resulted in requests from the public for a second plan, which was arranged during February, 1964. Despite the fact that almost 400 requests for admission tickets were received and that the hall was capable of accommodating this number, only 200 people actually attended. Participants in the second plan included a far greater proportion of young people than in the first and included many in the teenage and early 20's group.

In both cases follow-up letters of encouragement were sent out to the participants after their attendance at the Five-Day Plan. As many people from both the first and second plans wrote or telephoned for information on low calorie diets and suggested that further meetings would be helpful, arrangements were made for evening lecture demonstrations on diet. These were attended by approximately 40 people.

Questionnaires to assess progress were sent out to all participants after intervals of three and twelve months. In the case of each group only 50% of the people replied despite repeated appeals in the press for the information. The following is an analysis of the questionnaires returned:

	<i>Survey after three months</i>	<i>Survey after twelve months</i>
No. of persons who stopped smoking completely after '5-Day Plan'	75%	36%
No. of persons who cut down quantity of tobacco smoked by 50% after '5-Day Plan'	23%	40%
No. of persons who stopped smoking after '5-Day Plan' and started again	—	15%
No. of persons who did not change as a result of '5-Day Plan'	2%	8%

The difference in the 'no change' figures in the first and second surveys is no doubt due to the fact that some people replied to the first questionnaire and not to the second and vice versa, though the percentage of replies was 50% of the participants in each case. Information gathered from the second survey indicated that the greatest breakdown period of people who had re-started smoking after the plan was between the third and sixth months, and it would seem that this is the critical period for follow-up work.

The replies to the questionnaires did not bear the names of the participants as it was felt this would encourage people to give truthful answers to the questions. On the other hand a disadvantage is that, unless a record is kept of each person's reply, individual follow-up is not possible. The results gained from the tremendous amount of work involved in arranging the Five-Day Plans and the Anti-Smoking Campaign as a whole seems small in comparison with the results from other health education campaigns. The number of people attending the Five-Day Plans represents only a small fraction of the cigarette smokers in a City the size of Sheffield and, whilst many people indicate an interest in taking part in a project designed to help them give up the habit, when the time comes to test their determination they are not prepared to go forward. It is obvious that to wait until the habit is firmly established is a less favourable line of approach than that of discouraging young people from smoking; more intensive efforts must be made by parents and teachers and all connected with the welfare of young people. The Health Department has a considerable stock of films, filmstrips, posters, leaflets and other teaching aids, together with background notes and lecture outlines. All of this is available for use by teachers or others interested in doing the work. Despite repeated publicity and circularisation of teachers and youth leaders, the requests for the use of this material are regrettably small in number in comparison to the size of the problem. Until a determined and concerted effort is made by the whole of the adult population it is unlikely that there will be much impact on the attitude of young people.

Venereal Diseases.—The publication of the British Medical Association's Report on "Venereal Diseases and the Teenager" early in the year drew further attention to the need for intensive education on the dangers of venereal disease. Immediately following the publication of the Report discussions took place with the Consultant Venereologist on what further steps could be taken to extend the work already being carried out. The shortage of teaching material, particularly films, was a subject of comment during the discussions. In consequence, a series of preview meetings to assess visual aids and publicity materials was arranged. Regrettably no suitable British film was readily available, and it was decided to purchase from America a film on syphilis entitled "The Innocent Party". Later in the year a series of meetings for head teachers and youth leaders was arranged at the health education centre to preview this film. Factual information was provided during the meetings by the Consultant Venereologist and a description of the educational work already being carried out by the Public Health Department was provided by the staff. Specimen collections of literature and background notes were also distributed. As a result of the meetings there have been requests from a limited number of schools and youth groups for the screening of the film and for talks on venereal disease.

Every effort was made during the year to display notices throughout the City giving information on the dangers of promiscuity and the need for early treatment. The heavy duty enamel-steeled notices referred to in the 1963 Report, which give details of the times and places of the special clinics, have proved reasonably vandal-proof. Organisations throughout the City were sent circulars offering posters for display and, where appropriate, meetings for staffs. As a result of these circulars, more than 1,000 posters were distributed to shops, offices, breweries and official departments. There were, however, few requests for talks or screening of suitable films.

Reference to venereal diseases, and the dangers of promiscuity are made in the course on the health of the adolescent. In certain cases lectures on the subject of venereal disease alone have been provided, though the view is held firmly by the staff responsible for the work that education in sex relationships in a wider context is of greater importance than dealing with the subject separately.

There appears to be a surprising amount of ignorance amongst adults concerning the behaviour of young people. The responsibility of parents for their children's wellbeing is stressed at all meetings for adults and factual information and practical suggestions are offered to help them fulfil their role. Until parents assume this responsibility it seems that much of the education provided by health workers will only be partially accepted or completely ignored by young people.

Mental Health.—The promotion of mental health and the provision of education on the mental and emotional needs of the individual is a standard part of the work of the Department. Courses of lectures and films with considerable use of group discussion technique are arranged for all types of organisations under such headings as child development, ages and stages, personal relationships, the work of the Social Psychiatry Service, etc. The series of films on child development continues to prove popular with all age groups. The importance of a secure childhood and the need for mutual understanding between individuals is stressed at all times as is the need for a sympathetic acceptance of those suffering from mental illness or handicap.

The fact that a large proportion of hospital beds are occupied by persons suffering from mental and emotional illness is little appreciated by the public and, by publicising the work of the mental health services of both the hospitals and the local authorities, much of the fear and misunderstanding surrounding mental illness could be removed.

Another mental health problem little understood is that of suicide and attempted suicide. Whilst a great deal is heard about the number of people dying or who are injured on the roads, an almost equal number of deaths and injuries caused by attempts at self-annihilation pass almost without comment. The lack of understanding of this problem, which invariably arises amongst people who feel inadequate, alone and unwanted, is a sign of the disregard that many more fortunate people have for the well-being of others. The need for security and an understanding of the problems of others is stressed in all of the mental health education provided. A hopeful sign of an increased awareness was the formation during the year of a branch of the voluntary organisation known as the Telephone Samaritans, who are dedicated to assisting people in acute distress. Co-operation was provided to the branch by means of training lectures and background information on health and welfare services.

In September the Department took advantage of an offer of a site at the Endcliffe Show to stage a two-part mental exhibition under the headings 'The work of the Social Psychiatry Service' and 'The work of the Towers Training Centre'. In the first section displays were produced describing the different aspects of the work of the Social Psychiatry Service and included 'Prevention of Mental Illness', 'Care and After-care of Mentally Handicapped' and 'Liaison in Care'. The second section of the exhibition, on the work of the Towers Training Centre, was to have been made up of a series of photographs showing the work carried out. After considerable discussion with the staff and the parents of the trainees, it was thought that a more useful purpose would be served by having a live exhibition in which demonstrations could be given by the trainees. A replica of the

working facilities at the Towers was produced, which was manned by teams of six or seven trainees for four hourly intervals, throughout which the trainees demonstrated their abilities in the production of high-quality goods, some of them involving quite complex manual skills. As space did not permit the setting-up of all of the various types of machines used at The Towers a large display of the wide range of goods produced was arranged, to give the public an opportunity of seeing the kind and standard of work carried out.

The objects of the exhibition were to show the work of the Department in the field of mental health and to show the effectiveness of the training provided. Also, to give an opportunity to the public to see trainees undertaking intricate productive work and to change the community's attitudes towards mental handicap. Throughout the three days of the show there was a continuous stream of visitors to the exhibition, and from discussion with representative members of the public, it was obvious that, prior to the exhibition, they had had little idea of the work being done by the Department or of the abilities or the potentialities of the mentally handicapped person. In all cases the trainees worked conscientiously and happily, and by their attitude contributed considerably to the success of the whole project.

Whilst the main object of the exhibition was the education of the public, and this was given prime place over sales, nonetheless there was a considerable demand for the completed goods which were exhibited. There were also numerous orders for goods on display, both during and after the show.

More than 30,000 persons visited the Endcliffe Show during the three day period, the majority of whom passed through the exhibition site. In addition, the project was featured on radio and television, thus reaching an extremely wide audience.

Dental Health.—In view of the appalling state of oral health particularly among children, a major three-year scheme of dental health education was commenced in 1962 with a City-wide campaign involving both the general public and schools. The activities were described in detail in the reports of the Medical Officer for 1962 and 1963. During the year the programme of school dental health weeks was continued. Dental health has also been a regular feature in the routine health education programme, particularly for ante and postnatal mothers. Follow-up material was provided for schools in which dental health weeks had been arranged at the beginning of the campaign, and teachers were asked to maintain the interest of the children in the subject. An interim evaluation of the project made available earlier in the year indicated that changes have taken place in dental habits but show that continuous work will be necessary if any major and permanent improvement in oral health is to be achieved.

Accident Prevention.—Home safety received special attention in talks with mothers of young children and groups of the elderly. As safety training is important in all walks of life whether at home, on the roads, at work, or at leisure, other aspects of safety are included in the health education programme. The new subjects of 'Safety and Leisure' and 'Mountain Safety' recently introduced have proved popular, and it is proposed to extend this work in the coming year to include a course on 'Safety and Leisure' for youth leaders engaged in organising outdoor activities.

There was close liaison with the City Police on road safety and co-operation in arranging safety exhibitions. Officers from the City Constabulary visited welfare centres and gave talks to ante and postnatal mothers. Considerable support was given by the Department to further the 'Drinking and Driving Campaign' in December when more than 2,000 posters and adhesive car stickers were distributed throughout the City. All public health vehicles and ambulances carried stickers with the slogan 'Don't Ask a Man to Drink and Drive'. A special issue of the Health Education and Information Bulletin was produced in connection with the campaign.

PUBLIC RELATIONS ACTIVITIES

The good relations established by the Department and its officers with the press, radio and television have continued to grow and there has been much helpful support from broadcasting producers and feature and news writers in giving publicity to health education activities. Officers of the Department were interviewed on a number of occasions on both radio and television.

The high regard in which the Department is held is evidenced by the number of visits made to see the work being carried out during the year by health workers from Britain and as far afield as Australia, Japan, Norway, South Africa and the United States of America. These visits were mutually beneficial in providing opportunities for exchange of ideas on methods and techniques.

The Department's assistance has also been sought by a number of other local authorities and organisations in different parts of the country in providing information on health education projects.

LECTURES AND FILM SHOWS

In addition to the individual education carried out as part of the routine duties, officers of all sections of the Department undertook lectures

and conducted discussion groups at the request of organisations throughout the City. Details are given below:—

	<i>In Duty Hours</i>	<i>Out of Duty Hours</i>	<i>Total</i>
Lectures by professional staff of the Public Health Department	40	71	111
Lectures by Health Education Organiser ...	113	52	165
Lectures (daytime parentcraft)	377	—	377
Film shows followed by discussion	590	105	695

These figures do not include informal group meetings, in-service training lectures given to members of staff nor the lectures and film shows given as part of the dental health education scheme and the 'Five-Day Plans'.

SOCIAL PSYCHIATRY

By J. Stephen Horsley, M.R.C.S.
Senior Medical Officer for Social Psychiatry

"Worry is interest paid on trouble before it becomes due"

—William Inge

The goal of social psychiatry is the mental health of the whole community. This means two things: commonly it is taken to mean the specific use of community resources to relieve or modify psychiatric problems; but it also means the application of general principles to the community at large.

The term 'social psychiatry' began with the recognition that mental treatment often failed because barriers separated the patient from social contact. Locked doors and barred windows were only the outward sign of deeper barriers of fear and prejudice which for so long made all things 'mental' taboo.

In recent years better treatment and fewer legal restrictions have led to a more humane attitude to the mentally ill, but these very advances have thrown a new burden on the families of many patients who are discharged from hospital after a few weeks.....outwardly improved by tranquillisers, but still far from cured.

Benefit and Burden.—The economics of mental health may be used as a yardstick of social progress. In this way the cost of illness is measured in terms of uncompensated loss, whereas the price of mental health is a balance between new benefits and new burdens. In the long run the temporary burden of community care may be a small price to pay for the benefit of better mental health for the next generation, but progress now depends on the whole community, and society itself must learn to collaborate in the prevention of mental disorder.

Lines of Communication.—Preventive medicine of any kind depends on the contribution of many different professional groups. The necessary co-operation between doctors, nurses, social workers, teachers and administrators has been ensured by regular meetings and discussions at each stage of planning this work. Before giving details of the clinical service it is appropriate to indicate the main contributions of three different committees which met regularly during 1964. These are: (i) The Sheffield and District Mental Health Liaison Committee, (ii) The Committee for After-care of E.S.N. adolescents, (iii) The Committee for Helping the Family.

SHEFFIELD AND DISTRICT MENTAL HEALTH LIASION COMMITTEE

This professional committee, formed in 1960, continues to meet regularly, under the chairmanship of the Professor of Psychiatry, Sheffield University, and includes representatives from Middlewood Hospital, Whiteley Wood Clinic, the Local Medical Committee, the Regional Hospital Board, the Child Guidance Clinic and the Public Health Department.

During 1964 this committee studied a wide range of topics including:

(a) the local authority revised 10 year plan for hostels and training centres, (b) emergency accommodation for patients who do not require hospital treatment but who have nowhere to sleep, (c) fees for domiciliary consultations, (d) financial incentives for subnormal patients to attend adult training centres, (e) resettlement of the mentally ill, (f) the use and abuse of Section 29.

COMMITTEE FOR AFTER-CARE OF E.S.N. ADOLESCENTS

A working party was formed in October 1963 with the following members: the senior school medical officer, the head teachers of the three senior special schools, the senior probation officer, two youth employment officers, two mental welfare officers, the chief assistant (administration), a representative of the National Association for Mental Health and the senior medical officer for social psychiatry who is chairman. Subsequently, Dr. F. J. S. Esher (consultant psychiatrist), the senior social worker, the superintendent school welfare officer, an assistant children's officer and a representative of the Council of Social Service were co-opted. This committee is investigating the progress of every E.S.N. boy or girl who has left school since 1960 but, at this stage, it is only feasible to give an interim report of visits to their homes by social workers.

"Of 220 questionnaires completed by the senior school welfare officer, 66 (30%) indicated that some kind of problem existed. As this was a general preliminary survey without a standardised interview and recording technique the problems were not always sufficiently detailed to indicate the source of the difficulty but, broadly, it appeared that of the 66 cases, 42 could be loosely classed as personality problems or difficulties of adjustment in the school-leaver; 15 were cases of a poor family background having an adverse influence on the young person; nine were problems which seemed clearly to be related only to employment.

In 33 of the cases the parents would have welcomed advice; it seems probable that the problems are too diverse for one social agency to deal with except in general terms as a family counselling service."

As long ago as December 1963 this committee held preliminary discussions about the possibility of a youth club for E.S.N. school leavers. The committee felt that one of its own members, Mr. Hegarty, was ideally qualified to take the initiative in forming such a club. It has been very largely due to his enthusiasm that the club was opened on the 7th April, 1964, and that it has continued with conspicuous success.

The Sheffield Tuesday Boys Club.—This club is now affiliated to the National Association of Boys Clubs. In addition to the original membership of boys from Wadsley Bridge School and East Hill School there have been numerous applications for membership from boys elsewhere and several grammar school boys have joined. The boys have taken their cue from Mr. Hegarty to use their initiative in planning their activities. Electing their own officers, they have developed a sense of responsibility which compares favourably with that in other youth organisations. In addition to their weekly social meetings, they enjoy physical education as well as week-end games, hiking and camping. The club is helping its members to develop social competence. Moreover, indirectly, it provides a unique opportunity for individual caseworkers to make a friendly relationship with this adolescent group. Already 83 boys have been registered as members. Despite the fact that some of these boys are on probation, since joining the club, not one has been before the court for any offence.

COMMITTEE FOR HELPING THE FAMILY

This working group was formed in March 1964 by invitation of the Royal College of Nursing and National Council of Nurses of the United Kingdom. The committee included representatives of the clergy, of each branch of the national health service, hospital matrons, district nurses, health visitors, and of each social work agency in the City including probation and the police. The senior medical officer was chairman. The terms of reference were:

“Mental disturbance in one member of the family is said to affect each other member of the family in some way or other. What can be done both locally and nationally to help the families of those suffering from mental disorder to cope with this ‘family disturbance’?”

This committee met eight times at the Children’s Hospital between March and May 1964 when it formulated the following conclusions:—

1. Disruption of Family Life

There is clear evidence that whole families suffer severely as a result of mental disorders in one or more members. Some of the consequences may be summarised under the following headings:—

(a) *The family as a whole* has been found to suffer progressively from various forms of ill-health secondary to mental and emotional stress. This leads to irritability and fear and often to deterioration of interpersonal relations and sometimes to cruelty and neglect. Economic hardship occurs not only when the breadwinner is ill, but when he or she is needed at home to cope with a sick partner and with the children. Much absenteeism in industry is associated with family stresses. Another common consequence is social isolation. Thus a vicious circle develops, sometimes leading to desertion, separation and divorce.

(b) *Young children* suffer most of all. When too young to understand, the infant begins to show signs of insecurity such as feeding and sleeping difficulties, temper tantrums, timidity, etc. The slightly older child, who has begun to develop normally, may regress and become wet and dirty.

(c) *School children* sometimes suffer severely. Their insecurity produces many behaviour problems from simple misery and backwardness to enuresis, lying and stealing. More serious consequences are school phobia, truancy and delinquency.

(d) *Mentally handicapped adolescents*. The Mental Health Act fails almost completely to provide for the explosive needs of teenage growth; consequently mental welfare officers tend to disregard the mentally handicapped adolescent until it is too late.

2. Geriatric Needs

Elderly persons with only slight mental disorder often impose grave burdens on young families. The remedy of removal to hospital is not always in the patients' interest. Moreover this is often precluded by shortage of hospital beds. The better alternative may be to increase day hospital treatment in a more accessible part of the City. When the burden is shared in this way, families may be encouraged to give personal service to their old people.

3. Preventive Psychiatry

Although valuable work is being done in the antenatal clinics and in special psychiatric clinics for children, both these services need to be expanded

4. Health Visitors

It is recommended that health visitors should receive mental hygiene training. By being already known and accepted they are welcomed by families who sometimes resent a visit by a mental welfare officer because

of his title 'mental'. It is considered that health visitors have a most important part to play where a mother of small children is receiving after-care following discharge from a mental hospital.

As a result of this work five members of the group were invited by the Royal College of Nursing to represent Sheffield at a two-day conference in Westminster during October, 1964.

PREVENTIVE PSYCHIATRY UNIT

A small pilot unit formed in 1960 undertook three preliminary tasks; (i) to provide in-service training for a selected group of health visitors and doctors, (ii) to offer a counselling service for mental hygiene within the maternity and child welfare section, (iii) to demonstrate the value of preventive psychiatry as an essential part of the routine work of the Public Health Department.

Now that the unit is firmly established, it provides a seminar once a week for the systematic development of a prophylactic mental health service. This is attended by three psychiatric social workers and by eight senior health visitors under the leadership of the psychiatrist. The group is concerned with ways of reducing the incidence of mental disorder in family life.

The unit provides daily clinics for pre-symptomatic screening, for early diagnosis, and for mental health counselling. These clinics for family psychiatry benefit by sharing the premises and the staff of the Maternity and Child Welfare Service. The procedure has much in common with the team method of child guidance; but it is simpler and it allows more time for staff training. The specialist staff of the mental hygiene clinics includes a psychiatrist and two psychiatric social workers. The non-specialist staff are the health visitors and the school medical officers who are also assistant medical officers for maternity and child welfare. Of course the family doctor is always a welcome visitor to the clinic.

Contrary to common belief, the presence of a second doctor or a second social worker does not disrupt the intimate personal relationship peculiar to psychotherapy. Each newcomer brings a fresh contribution; the health visitor, from her previous contact with the family, is an asset to the team; the assistant medical officer, who has given antenatal care to the young mother, is accepted by her very readily in the new relationship.

Although this service covers the whole range of family psychiatry, its main work is in the allied fields of antenatal care and infant welfare. In addition treatment is given to a small but significant proportion of patients referred specifically for marriage guidance.

There is an informality about these mental hygiene clinics which encourages whole families to come together. The therapeutic value of seeing father, mother and all the children is certainly worth the extra time and trouble.

One session per week is set aside for family group psychiatry; four sessions per week are devoted to antenatal care and at present two sessions per week are reserved for the under fives. In reporting the following attendances during 1964 it is emphasised that numbers give little indication of the true value of this work.

Mental Hygiene Clinics

Number of clinic sessions	...	...	...	...	...	143
Analysis of reason for referral:						
Antenatal care	...	...	...	...	...	379
Infant welfare	...	...	...	...	...	18
Marriage guidance	...	...	...	...	...	37
						<hr/>
					TOTAL	434
						<hr/>

Children's Psychiatric Clinics

Number of sessions	...	...	...	...	...	59
Number of new patients	...	...	...	...	...	29
Total number of consultations		...	...	...	...	135

CARE AND AFTER-CARE

Psychiatry shares with social work the fact that it is partly specialised and partly a community problem. Thus there is a multiple responsibility shared by doctors, mental welfare officers and many other people. In order to give regular attention to difficult problems arising in after-care a joint meeting is held in the Town Hall on the fourth Tuesday of every month. The senior medical officer presides at this meeting which has been attended by Dr. F. T. Thorpe, Medical Superintendent of Middlewood Hospital, by social workers from the hospital, by officers of the Ministry of Labour, by all the mental welfare officers and by selected health visitors. Since Dr. Thorpe's retirement in August, 1964 his place at this meeting has been taken by Dr. F. G. Spear, Consultant Psychiatrist, Middlewood Hospital.

The formal case conference is only a small part of the after-care service, most of which will always require home visits by family case workers. In last year's Annual Report reference was made to the need for an experienced senior psychiatric social worker to introduce and supervise the changes needed to provide a more efficient service. This new post was filled in April 1964 by the appointment of Mr. F. J. B. Hodge whose report on social work follows.

SOCIAL WORK

This has been a year of change and re-assessment for the social work section of the Social Psychiatry Service: a fresh look has been taken at the organisation, staffing, and functions of the section, and the setting has also been developed as a fieldwork placement for social work students. The problems faced have been common to nearly all local authority mental welfare services and have centred principally round the difficulties caused by the shortage of mental hospital beds, the search for an effective means of relieving the stress placed on the families of subnormal and chronically mentally sick persons, the shortage of trained caseworkers, and the shortage of time in which to do adequate casework.

Organisation.—Administrative changes have been introduced to strengthen the framework within which the social work service exists and to provide room for further expansion. A duty system has been instituted for daytime as well as after duty hours so that officers can plan their work without fear of interruption; the needs for adequate information, job-analysis, communication with other social agencies, and consultation are recognised; and some of the professional standards of the social caseworker have been built into the routine procedures of the social psychiatry section.

The development of a casework service with its own ethic within the rather rigid structure of 'public health' is not without problems. There have been intensive discussions on the best form of organisation within the Social Psychiatry Service for carrying out the welfare tasks imposed on local authorities by the 1959 Mental Health Act. The willingness of professional administrators to adapt to unfamiliar approaches to human problems has been of immeasurable importance in laying the foundation for an adequate casework service.

Staffing.—During the year, the section lost one psychiatric social worker but welcomed another who returned in December from secondment to the Applied Social Studies Course at Cardiff. The section remains short of officers qualified in social casework and the efficiency of the service has rested largely on the readiness of officers trained for other professions, to embrace the concepts of social psychology which are the essence of casework. The establishment of the Sheffield Younghusband Course has meant that training for unqualified staff has become a practical possibility and the authority has generously agreed to the secondment of two mental welfare officers to the first course due to start in October, 1965.

Quite apart from the temporary loss of personnel on courses, the section is probably understaffed if the aims of community care are to be fully realised, and the experience of the past twelve months confirms that where there is a decision to be made on priorities the inarticulate or the apathetic are the groups most likely to be overlooked though their need may be the greatest.

Functions.—The main tasks of the mental welfare officers have again been the escorting of patients to hospital, the after-care of patients discharged from mental hospitals, work with subnormal persons and their families, and a certain amount of counselling of educationally subnormal school-leavers. In this last respect, Mr. Hegarty's club for boys has been invaluable in helping school-leavers to adjust to adult life.

Once a bed has been obtained the excellent co-operation which exists between general practitioners and mental welfare officers and, where necessary, the police has in the main led to smooth, rapid admissions to hospital. It is anticipated that Section 25 of the Mental Health Act with one of the recommendations made by a hospital consultant will be used more in the future, and it is to be hoped that the number of occasions will be reduced on which mental welfare officers have the distasteful task of pleading for beds for very seriously disturbed persons.

The bulk of referrals for social work help continues to be of discharged patients who require after-care. It is not always understood by patients (or some social work agencies) that 'after-care' is a service which is accepted voluntarily and has the intent of helping the patient re-adjust to community life, and that it is not the mental welfare officers' function to supervise or control his life. In spite of such possible misunderstandings, two-thirds of mental hospital patients discharged to Sheffield accepted after-care visits. The main problems were those of occupation, adjustment to community life, acceptance by ex-patient and relatives of temporary or permanent limitations due to illness, and the need for support by the relatives of the chronically ill. The policy of early discharge from hospital has caused some difficulties: the present limitation of resources makes 'community care' a fiction in the case of, for example, many schizophrenic persons who are discharged only partially cured. Occasionally, referrals appear to carry the erroneous implication that it is the mental welfare officer's function to treat psychosis. More information is needed about the precise difficulties experienced by the 'relieved' patient in the community and the nature of the help required. Plans are being drawn up for the detailed investigation of the problems presented by the schizophrenic group.

During the year a re-assessment was made of the needs of subnormal persons and their families. In spite of the value of attendance at a training centre and the relief provided by periods of short-term residential care, it became apparent that the parents of subnormal children need more support than the service in its present form provides. Bearing in mind the difficulties of making an early diagnosis of subnormality, it may be more appropriate for trained caseworkers to make contact with parents at a much earlier date than their child's school-starting age which is the present time for referring these children to the social psychiatry section. Discussion groups initiated this year for mothers of subnormal children have highlighted the present confusion in attitudes presented by various medical and social work agencies who may be involved in the diagnosis of subnormality and there is evidence that the parents' adjustment to the fact of their child's subnormality is strongly conditioned by the manner in which they are initially told of the disability.

Students.—Two students from the Leeds Younghusband Course, two from the Sheffield University Child-Care Course, and a number of students for periods of two-four weeks observation have established the section as a fieldwork placement for social work courses, and it is anticipated that students from the Sheffield Younghusband Course will also use the setting in 1965.

ADMINISTRATION

Norfolk Park Junior Training Centre.—By December, 1964. the following were on the roll at this centre:—

(a)	Junior training centre	...	102
(b)	Special care unit	... ..	38
(c)	Adult block	... ..	23

The figure at the junior training centre showed an increase of sixteen compared with the end of 1963 and it is now becoming clear that the provision made for junior trainees is not sufficient. Although this block was built to accommodate 85 there has been an excess of this number on the register throughout the year, and the waiting list for places is increasing. The authority have realised this situation and already preliminary work necessary for the establishment of a second centre has begun.

Norfolk Park Short-Stay Residential Unit.—The first year of opening saw no shortage of applicants for admission during the summer months, due mainly to parents wishing to take holidays. One of the rather curious situations which have been highlighted is the reluctance of many parents to allow their children to be admitted to short-stay care except for specific

reasons, and the hostel was by no means full during the rest of the year. During the year, the resident senior house mother left to take up another appointment and once again difficulty was encountered in filling this post with a suitable applicant.

Short-Stay Residential Unit

Number of admissions	...	...	...	...	...	...	76
Average length of stay (in days)		...	...	...	...		18
<i>Reasons for admission</i>							
(i) Parent(s) admitted to hospital, or illness	...	...	...	...	...	...	5
(ii) Rest for parents	...	...	...	...	...	...	34
(iii) Parents on holiday	...	...	...	...	...	...	30
(iv) Mother expecting a baby	...	...	...	...	...	...	4
(v) Other reasons	...	...	...	...	...	...	3
<i>Condition of Children admitted</i>							
Ambulant	...	...	...	...	...	...	48
Non-ambulant (cot and chair cases)	...	...	...	...	...	...	28
Hyperactive	...	...	...	...	...	...	9
Requiring to be fed	...	...	...	...	...	...	32
Epileptic	...	...	...	...	...	...	19
Incontinent	...	...	...	...	...	...	34

Pitsmoor Road Training Centre.—At the end of the year there were 102 names on the register at this centre which is an increase of 14 over the number on the register at the corresponding period of 1963. It is becoming more apparent that these premises are inadequate, both for the numbers attending and the work that the staff are trying to do at this centre. Provisions for the eventual closing of this centre have been made in the authority's ten year plan.

Towers Training Centre.—At the end of the year there were 95 trainees on the register, 10 of whom were under the age of 16 years. A number of visitors were shown round the centre and in addition, a trainee, from the N.A.M.H. course for teachers of the mentally handicapped was placed for a period of practical training at this centre.

Payment of Trainees.—During the year a scheme for the payment of all trainees over the age of 16 years, attending training centres, was put into operation. These payments were made to those attending the Towers training centre, Pitsmoor Road training centre and the adult section of the Norfolk Park training centre.

Trainees between the ages of 16 and 20 years received 1s. 0d. per day attendance money, and up to 2s. 6d. per week incentive bonus. Those 21 years of age and over received attendance payment of 2s. 0d. per day and

an incentive bonus of up to 5s. 0d. per week. In each case the bonus amount was divided by five:—(a) $\frac{1}{5}$ being awarded for general appearance when attending the centre, (b) $\frac{1}{5}$ for general conduct at the centre, (c) $\frac{1}{5}$ for progress, (d) $\frac{2}{5}$ for production.

The scheme has been in operation since the middle of the year and reports from the supervisors indicate that the scheme is working very well. It has had an effect upon the number of attendances at the centres and, as far as Pitsmoor Road centre is concerned, it has no doubt been responsible for the increase in the number of those attending. The division of the bonus incentive has been so devised that the less able trainee is not penalised on output as against a more able trainee.

Sheffield Show.—For a number of years now the blind welfare section of the Department have had an exhibition at the Sheffield Show. In 1964, for the first time, the mentally handicapped were also represented in the form of a display of articles made and work carried out at the Towers training centre. The staff of the section and the parents of the trainees gave full co-operation to this venture and a number of trainees from the Towers exhibited part of the work that was done at the centre; coat hangers and wire netting were made on site. Trainees worked in three shifts of about eight trainees per shift. Over £175 worth of goods were sold and orders to a value exceeding £75 were also taken. In future it is hoped to include exhibits of articles made at the other adult centres.

Annual Camp.—The annual camp for trainees at the Towers was at Humberston from the 18th-25th July, 1964 when 94 trainees from the Towers and Norfolk Park training centres, together with the staff, attended. For the first time arrangements were also made for a party of female trainees and staff to attend the same camp in September. Although conditions were not ideal, the staff and trainees had an enjoyable holiday.

Training Courses.—During the year the authority approved the attendance of two members of the staff of the junior training centre at a one year full-time course for teachers of the mentally handicapped in junior training centres, and one member of the staff of the Towers training centre at a one year full-time course organised by the N.A.M.H. for teachers of the mentally handicapped in adult training centres.

The attendance of two mental welfare officers at an induction course for new officers, organised by the N.A.M.H. at Leeds, was approved by the authority. The attendance of these officers was later postponed until January, 1965 due to over-subscribing on the November 1964 course. The authority are fully aware of the necessity to obtain a qualified service

and during the year post-entry training for the Diploma in Social Science of the External Department of London University for one mental welfare officer was approved. In addition, the authority also agreed in principle to the secondment, where appropriate, of mental welfare officers to one year and two year Younghusband Courses.

Southey Hill House.—During the year, there were 28 new admissions and seven re-admissions. The average length of stay was $8\frac{1}{2}$ months. It is encouraging to see that the trend towards the admission of younger age group residents, which was noticed in 1963, continued through 1964.

Residents in Southey Hill House, 1st January to 31st December, 1964

	<i>Age</i>	<i>Diagnosis</i>	<i>Length of Stay</i>	<i>Outcome</i>
1.	25	Epileptic psychopath	2 years	Excellent recovery. Discharged to lodgings.
2.	41	Paranoid schizophrenia	2 years	Excellent progress. Discharged to lodgings.
3.	21	Schizophrenia	1 month	Found work near home. Self-discharged. Re-admitted later.
4.	27	Psychopath	6 months	A difficult resident, worked for short periods. Self-discharged, poor progress.
5.	39	Schizophrenia	8 months	Good recovery, working regularly. Discharged to lodgings.
6.	24	Acute depression	4 weeks	Discharged to hospital. Unsuited for Southey Hill House.
7.	47	Hypochondria	10 months	Refused to work. Self-discharge home.
8.	44	Alcoholic psychopath	1 year	Still resident, in regular employment.

	<i>Age</i>	<i>Diagnosis</i>	<i>Length of Stay</i>	<i>Outcome</i>
9.	53	Paranoid schizophrenia	4 months	Discharged to hospital, re-admitted. Good worker. Relapsed, admitted to hospital.
10.	50	Paranoid schizophrenia	3 months	Excellent progress, discharged to lodgings.
11.	48	Acute depression	4 months	Excellent recovery. Good worker. Discharged to lodgings.
12.	48	Neurosis and alcoholic	4 months	Good worker. Relapsed, discharged to hospital.
13.	33	Schizophrenia	5 months	Trained at I.R.U., poor progress, not interested in work. Discharged home.
14.	29	Schizophrenia	6 months	Poor worker. Discharged to hospital for treatment. Re-admitted, much improved, still resident.
15.	42	Schizophrenia	2 weeks	Trained at I.R.U., good progress. Discharged to work in Nottingham, his home town.
16.	17	Schizophrenia	9 weeks	Attended occupation centre, poor results. Discharged to hospital for treatment.

	<i>Age</i>	<i>Diagnosis</i>	<i>Length of Stay</i>	<i>Outcome</i>
17.	19	Epileptic psychopath	6 weeks	Trained at I.R.U., poor results. Self-discharge.
18.	19	Subnormal	8 weeks	Very good recovery. Working regularly, mixes well. Discharged home.
19.	42	Schizophrenia	4 months	Poor progress, worked for short periods, no interest in anything, especially work. Discharged to hospital for treatment.
20.	56	Schizophrenia	8 weeks	Refused to work, a wanderer missing for days at times, self-discharged.
21.	39	Paranoid schizophrenia	1 week	Refused to work, self-discharged.
22.	19	Paranoid schizophrenia	3 weeks	No interest in himself or his surroundings. Refused to work. Self-discharged.
23.	25	Paranoid schizophrenia	1 day	Not suitable, discharged to hospital.
24.	39	Paranoid schizophrenia	14 weeks	Very good worker. Relapsed, discharged to hospital. Recovered, re-admitted, still resident.

	<i>Age</i>	<i>Diagnosis</i>	<i>Length of Stay</i>	<i>Outcome</i>
25.	26	Schizophrenia	6 months	Still resident, working regularly. Mixes well.
26.	48	Manic depressive	5 months	Still resident, working. Very co-operative.
27.	32	High grade subnormal	5 months	Still resident, working, good progress.
28.	32	Schizophrenia	12 weeks	Trained at I.R.U. Good recovery. Discharged home to work for security firm.
29.	43	Paranoid psychopath	12 weeks	Trained at I.R.U. Good recovery. Self-discharge, working with father in butcher's shop.
30.	24	Acute depression	1 month	Third admission, poor progress. Self-discharge.
31.	23	Schizophrenia	11 months	Second admission, attended occupation centre, poor results. Self-discharged, home.
32.	22	Schizophrenia	6 months	Very good recovery—relapsed, discharged to hospital. Re-admitted, relapsed, discharged to hospital.

	<i>Age</i>	<i>Diagnosis</i>	<i>Length of Stay</i>	<i>Outcome</i>
33.	27	Paranoid psychopath	3 months	Good recovery, working. Relapsed, discharged to hospital.
34.	28	Paranoid schizophrenia	5 months	Working, good progress. Still resident.
35.	35	Paranoid schizophrenia	1 year	Good recovery, in regular employment. Self-discharge, home.
36.	35	High grade subnormal	17 months	Good recovery, working regularly. Discharged to lodgings.
37.	32	Schizophrenia	1 year	Excellent recovery, in regular employment. Discharged to lodgings.
38.	20	Schizophrenia	3 months	Discharged to lodgings in regular employment. Good recovery.

WELFARE OF HANDICAPPED PERSONS SERVICE

(Welfare of the Blind and Partially-Sighted)

By A. J. BAKER, Chief Assistant (Admin.)

Welfare of Handicapped Persons

“A good name keeps its lustre in the dark.”

—John Ray (English Proverbs)

Although there has been an establishment in the Department for eight home teachers since January 1951 there were, in 1964, only seven for eight months of the year and, in September, this number was reduced to six when one home teacher went on a two year course on Social Work Training at the Bristol College of Technology. In view of these staffing difficulties the home teachers, during the year, discontinued visiting persons on the Handicapped Persons (General Classes) register to which reference was made in last year’s Report. It seems appropriate, therefore, to pay a tribute here to the staff who have worked so loyally under difficulties.

Registration of Blindness.—The local registration figures provide some interesting points for comment. The total number on the register at 31st December, 1964 is the highest recorded since the City Council took over the Service in 1927. The increase during the year was 34, which is the largest increase in any one year since 1943 when there was an increase of 43 on the 1942 figures. In the age group 85+ there was an increase of 32, in fact there were 19 more in the group 85-89 and 13 more in the group over 90 years.

It is also interesting to note that the number of blind persons aged 20 and under again shows an increase—1 only—to 51. This total has steadily increased since 1960 when it was only 44 and in 1948 it was only 24. In sixteen years, therefore, the total has more than doubled. The total register of blind persons in Sheffield was 902 in 1948 and 1,015 in 1964.

The number of new cases (144) was again high but one less than in 1963. The references from all medical sources (68) were the highest since the Ministry of Health first asked for a classification of the sources of reference of new cases as the following table shows:—

Sources of Reference

<i>Year ending</i>	<i>General Practitioner</i>	<i>Medical Source other than G.P.</i>	<i>National Assistance Board</i>	<i>Lay Source other than N.A.B.</i>	<i>Total</i>
1957 ...	2	27	46	45	120
1958 ...	3	27	33	50	113
1959 ...	1	20	40	38	99
1960 ...	2	19	42	40	103
1961 ...	11	30	58	42	141
1962 ...	2	33	46	40	121
1963 ...	4	55	46	40	145
1964 ...	4	64	41	35	144

It is felt to be not without significance that the increases in medical references in the past two years has coincided with the appointment of a new team of ophthalmic consultants at the local hospitals to which eye cases are referred.

Training and Employment Facilities

The particular problems of the handicapped school leaver have been widely discussed, and in this connection the provisions for the further education and training of blind adolescents have been jointly reviewed during the year by the Ministry of Labour and the Department for Education and Science. As a result the five establishments which have provided training in the traditional blind handicrafts are in process of running-down courses of this type and some have now closed. The Birmingham Royal Institute for the Blind has provided, from September 1964, a pre-vocational assessment centre similar to the one at Hethersett set up in 1956. The centre provides further education, pre-vocational assessment and training for boys and girls between the ages of 16 and 18: the courses will be from one to two years depending on the need of the individual. Two Sheffield youths have been to Birmingham under this arrangement. Both have now left, one is employed in open industry in Sheffield but the other is considered, at present at any rate, unsuitable for vocational training, and has been transferred to the Occupational Centre of the Royal School for the Blind at Leatherhead in Surrey. Those blind adolescents—the minority—considered only suitable for training for sheltered employment will now, as recommended in the Report of the Working Party on Workshops for the Blind, be trained in workshops for the blind, normally from the age of eighteen. If students finish the course at Hethersett or Birmingham before they are 18 the Ministry of Labour will now accept financial responsibility for their training at this stage. Previously the Ministry of Labour's responsibilities started at the age of 21; earlier the educational authorities were responsible.

In February 1964 the first meeting was held of the Sheltered Employment Advisory Services Limited—a non-profit making company which was set up by the Ministry of Labour in accordance with the recommendations of the Working Party on Workshops for the Blind. In particular the company will give a service as management, industrial and technical consultants, advise on selection and training of employees of blind workshops, provide facilities for training managers, supervisors and instructors and build an organisation for central buying and marketing. Later in the year the name of this body was changed to 'Industrial Advisers to the Blind Ltd.'

The managing director of the company Mr. R. Isdell-Carpenter, O.B.E., visited the Sheffield workshops on 10th June, 1964. He was also in

Sheffield later in the month when, on 25th June, 1964, Mr. A. J. Baker, the Chief Assistant (Admin) was installed Chairman of the National Association of Workshops for the Blind Incorporated at the annual meeting held in the Town Hall.

Last year reference was made to the new responsibilities assumed by the Ministry of Labour and which operated from 1st October, 1963 in respect of the 'Placing of Blind Persons in Employment' and it is pleasing to report that the new arrangements are working very satisfactorily. There has been very close liaison with the Blind Persons Resettlement Officer for this area.

A local event of some interest in the employment field during the year was the admission to the workshops for the blind of the first severely disabled sighted worker. He is employed on ancillary work in the brush department.

During the year the Ministry of Labour has made two increases in grants payable to local authorities—one related to expenditure on the administration of home workers' schemes for the blind, and the other the capitation grant paid in respect of approved blind persons employed in workshops for the blind.

Another event showing how quickly the face of blind welfare is changing was the setting up in July 1964 of a National Joint Council for Workshops for the Blind, and one of the first tasks of the Council will be to give consideration to a new wages structure for the workshops.

The year closed with the imposition by the Government of certain import charges. The mat department was the only section substantially affected by these but it is satisfactory to report that there was no noticeable change in the trade position as a result of this decision.

A debate in the House of Lords in June affords a further opportunity for comment on a matter mentioned in this report in 1957 and 1963—'Door-to-door sales'. A speaker in the debate complained that there had been a considerable increase in the activities of door-to-door salesmen who sell goods and falsely claim they have been made by blind workers. Such sales locally have resulted in many enquiries in the Department from members of the public and it is pleasing to know that suggestions are being considered by the National Advisory Council on the Employment of the Disabled to amend the Trading Representations (Disabled Persons) Act, 1958 to deal with this problem.

General Social Welfare

Sheffield with 17 blind persons also classified as 'deaf with speech' and 78 as 'hard-of-hearing' has, for many years, given special consideration to those with the double handicap of blindness and deafness and the fortnightly class held specially for these persons has been very much appreciated.

In May, 1964, the Ministry of Health issued a circular dealing with 'Adult Deaf Blind Patients in Psychiatric and other Long Stay Hospitals' and asked that local authorities would co-operate fully with hospitals having such patients.

The past year was notable in that for the first time books printed in especially large or clear type which can be read comfortably by people who can no longer cope with the size of print normally used have become generally available, and in Sheffield these books are obtainable at any of the local libraries. The Libraries Committee of the City Council has been most generous in providing copies of all the books so far published in what is known as the 'Ulverscroft' series which has been pioneered by Mr. F. A. Thorpe a recently retired publisher. All persons registered as partially-sighted have been told of this service.

Development also continued in 1964 in the field of talking books and it is interesting to note that at 31st March, 1965, 190 persons in Sheffield were using 'talking books'—68 more than at the corresponding date in 1964. At 31st March, 1965 there were 80 local blind persons obtaining Braille and/or Moon books from the Northern Branch of the National Library for the Blind at Manchester. This figure compared with 77 readers at 31st March, 1964 and 79 at 31st March, 1963, which would lead to the conclusion that the regular braille readers continue to read although many now also have talking books.

It will be realized, therefore, from the foregoing comments that the 'wind of change'—to which reference was first made in the 1960 Report—continues to blow over the many varied welfare services functioning for blind and partially-sighted persons.

REGISTRATION STATISTICS at 31st DECEMBER, 1964

TABLE A.—Classification of Registered Blind Persons by Age Groups

Age Group			Total Register (Age at Dec. 31st, 1964)			New Cases Registered during 1964 (Age at Registration)		
			M.	F.	Total	M.	F.	Total
0	...	...	—	—	—	—	1	1
1	...	...	1	—	1	2	—	2
2	...	...	2	—	2	—	—	—
3	...	...	1	1	2	1	—	1
4	...	...	1	1	2	—	—	—
5—10	...	...	10	7	17	1	—	1
11—15	...	...	6	6	12	—	—	—
16—20	...	...	10	5	15	2	—	2
21—29	...	...	14	8	22	—	1	1
30—39	...	...	19	13	32	2	—	2
40—49	...	...	37	35	72	2	4	6
50—59	...	...	51	54	105	1	3	4
60—64	...	...	51	42	93	8	3	11
65—69	...	...	40	50	90	5	9	14
70—79	...	...	97	148	245	19	21	40
80—84	...	...	39	98	137	5	24	29
85—89	...	...	32	88	120	9	15	24
90 and over	...	...	6	39	45	—	6	6
Unknown	...	...	2	1	3	—	—	—
TOTALS	...	...	419	596	1,015	57	87	144

TABLE B.—Ages at which blindness occurred

Age Group			Total Register			New Cases Registered during 1964		
			M.	F.	Total	M.	F.	Total
0	...	...	43	46	89	4	1	5
1	...	...	6	10	16	—	—	—
2	...	...	2	2	4	—	—	—
3	...	...	2	3	5	—	—	—
4	...	...	4	3	7	—	—	—
5—10	...	...	14	21	35	—	—	—
11—15	...	...	9	12	21	—	—	—
16—20	...	...	14	7	21	2	—	2
21—29	...	...	29	12	41	1	1	2
30—39	...	...	30	29	59	1	—	1
40—49	...	...	39	35	74	2	4	6
50—59	...	...	50	59	109	4	4	8
60—64	...	...	26	27	53	10	3	13
65—69	...	...	31	71	102	2	15	17
70—79	...	...	69	129	198	20	21	41
80—84	...	...	23	70	93	7	27	34
85—89	...	...	4	25	29	4	7	11
90 and over	...	...	—	8	8	—	3	3
Unknown	...	...	24	27	51	—	1	1
TOTALS	...	...	419	596	1,015	57	87	144

TABLE C.—Blind persons age 16 and upwards not living at home

					M.	F.	Total
Residential accommodation provided under Part III of the 1948 Act, Section 21							
(a)	Homes for the blind...	...	...	...	10	18	32
(b)	Other homes ...	...	...	...	4	10	14
	Other residential homes	...	...	...	1	4	5
	Hospitals for mentally ill	...	...	...	6	11	17
	Hospitals for mentally subnormal	...	...	...	—	2	2
	Other hospitals	...	...	...	17	25	42
TOTALS					38	70	108

In addition, six blind persons (4 males and 2 females) under 16 were patients in hospitals for mentally subnormal persons at 31st December, 1964.

TABLE D.—Blind Population Statistics

The following table gives the number of registered blind persons by age groups for the years 1954-1964.

TABLE SHOWING AGE GROUPS OF BLIND PERSONS ON SHEFFIELD REGISTER

Year	0	1	2	3	4	5—10	11—15	16—20	21—30	31—39	40—49	50—59	60—64	65—69	70 and over	Un-known	Total
1954	1	2	2	5	2	15	7	13	28	51	82	125	66	105	467	4	975
1955	—	3	2	2	6	14	6	11	30	46	88	114	72	113	480	3	990
1956	—	2	3	1	2	17	8	11	26	46	81	114	78	111	502	3	1,005

	0	1	2	3	4	5—10	11—15	16—20	21—29	30—39	40—49	50—59	60—64	65—69	70—79	80—84	85—89	90 & over	Un-known	Total
1958	—	—	2	3	3	18	14	11	20	53	81	113	77	96	254	158	72	23	4	1,002
1959	—	—	2	2	5	17	15	8	25	46	84	108	78	87	238	157	88	18	3	981
1960	—	—	1	1	2	19	14	7	24	43	81	117	76	81	230	159	93	29	4	981
1961	—	1	3	1	1	19	15	8	23	40	76	112	77	91	227	149	98	31	3	975
1962	—	—	1	2	1	15	17	12	22	41	69	113	70	98	233	139	103	33	3	972
1963	—	1	1	2	2	17	16	11	25	28	78	112	79	91	248	134	101	32	3	981
1964	—	1	2	2	2	17	12	15	22	32	72	105	93	90	245	137	120	45	3	1,015

TABLE E.—Distribution of Local Blind Persons

Children, age under 16

			<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
Under 2	...	In residential home	...	1	—	1		
						1	—	1
Age 2—4+	...	<i>Educable :—</i>						
		In Sunshine Home	...	2	—	2		
		At home	...	1	2	3		
		<i>Unsuitable for school :—</i>						
		At home	...	1	—	1		
						4	2	6
Age 5—15+	...	<i>Educable :—</i>						
		Attending school	...	9	7	16		
		<i>Unsuitable for school :—</i>						
		In hospital for mentally subnormal		4	2	6		
		At home	...	3	4	7		
						16	13	29
						21	15	36

Education, Training and Employment

Age periods 16 years and upwards

<i>Educable—At school : 16—20</i>	1	1	2	1	1	2
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Employed

(a) In Workshops for the Blind

16—20	—	—	—			
21—39	8	—	8			
40—49	8	3	11			
50—59	17	6	23			
60—64	3	1	4			
65 and over	...	...	—	—	—	
						36	10	46

(b) As Approved Home Workers

50—59	...	...	1	—	1			
60—64	...	...	—	1	1			
						1	1	2

(c) All others

16—20	...	...	2	—	2			
21—39	...	...	13	2	15			
40—49	...	...	12	5	17			
50—59	...	...	10	2	12			
60—64	...	...	8	1	9			
65 and over	...	...	2	—	2			
						47	10	57
						84	21	105

Undergoing Training

<i>(a) For Sheltered employment</i>	1	—	1			
<i>(b) For open employment</i>	2	—	2			
<i>(c) Professional</i>	1	1	2			
						4	1	5

<i>Not Employed</i>	309	558	867
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TOTALS	419	596	1,015
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TABLE F.—Registration of Blindness

During the year ended 31st December, 1964, 150 names were added to the local register of blind persons and 116 names were removed. Details are shown in the following table :—

Number of registered blind persons at 31st December, 1963	...	...	981
Number registered during 1964	...	...	144
Transfers into area	...	...	1
Re-certified	...	...	5
			<hr/> 150
			<hr/> 1,131
Deaths	...	...	100
De-certified	...	...	7
Removals out of area	...	...	9
			<hr/> 116
Number on register at 31st December, 1964	...	...	<hr/><hr/>1,015

The sources of reference of the 144 new cases were :—

General practitioner	...	...	4
Medical source other than general practitioner	...	...	64
National Assistance Board	...	...	41
Lay source other than National Assistance Board	...	...	35
			<hr/>
TOTAL	...	...	<hr/><hr/>144

TABLE G.—Blind Persons with other Disabilities

Of the 1,015 persons registered as legally blind at 31st December, 1964, 433 were suffering from some other disability. The following table classifies these persons according to the additional disability :—

Mentally ill	...	...	16
Mentally subnormal	...	...	21
Physically defective	...	...	265
Deaf with speech	...	...	17
Hard of hearing	...	...	78
Mentally ill and deaf with speech	...	...	2
Mentally subnormal and physically defective	...	...	3
Mentally subnormal and hard-of-hearing	...	...	2
Physically defective and deaf with speech	...	...	7
Physically defective and hard of hearing	...	...	21
Mentally ill, physically defective and hard of hearing	...	...	1
			<hr/>
TOTAL	...	...	<hr/><hr/>433

The number of registered persons suffering from some other disability in the ten previous years was as follows :—1963, 396 ; 1962, 390 ; 1961, 398 ; 1960, 375 ; 1959, 378 ; 1958, 395 ; 1957, 345 ; 1956, 335 ; 1955, 324 ; 1954, 309.

TABLE H.—Register of Partially-Sighted Persons

Age Group				0—1		2—4		5—15		16—20		21—49		50—64		65 and over		All ages		Total both sexes
Year				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1954	—	—	—	1	19	16	4	3	7	5	8	12	46	86	84	123	207
1955	—	—	1	1	19	14	2	2	5	4	9	11	48	91	84	123	207
1956	—	—	2	1	19	15	3	2	5	5	8	10	53	103	90	136	226
1957	—	—	1	1	17	18	3	3	12	6	5	14	49	106	87	148	235
1958	—	—	—	1	13	16	5	7	9	6	7	9	50	86	84	125	209
1959	—	—	1	2	13	14	7	7	8	7	9	11	48	78	86	119	205
1960	—	—	1	2	12	12	8	8	6	7	10	11	41	68	78	108	186
1961	—	—	1	1	11	9	7	8	8	6	11	10	37	64	75	98	173
1962	—	—	—	—	11	10	7	7	9	8	11	9	37	80	75	114	189
1963	—	—	—	1	15	25	4	5	13	10	13	8	35	97	80	131	211
1964	—	—	—	1	11	8	6	5	13	13	15	11	40	107	85	145	230

EMPLOYMENT

The following table shows the distribution of all employed blind persons from 1955:—

Year at December 31st						(a) Blind Workshops	(b) Home Workers	(c) Employed elsewhere	Total
1955	...	...	...	...	...	60	2	49	111
1956	...	...	...	...	...	60	2	50	112
1957	...	...	...	...	...	57	2	48	107
1958	...	...	...	...	...	56	2	53	111
1959	...	...	...	...	...	53	2	52	107
1960	...	...	...	...	...	53	2	53	108
1961	...	...	...	...	...	50	2	66	118
1962	...	...	...	...	...	50	2	55	107
1963	...	...	...	...	...	48	2	57	107
1964	...	...	...	...	...	46	2	57	105

1. Persons Employed and under Training in the Workshops.

The number of blind persons employed in the workshops at the 31st December, 1964, is shown in the table below :—

Area				Administration and miscellaneous	Men's Department				Women's Department	Total
					Basket	Boot	Brush	Mat		
Sheffield	...	...	...	2	5	7	12	9	10	45
Doncaster	...	...	...	—	1	—	—	—	—	1
Rotherham	...	...	...	—	1	—	4	1	1	7
West Riding of Yorkshire	...	...	...	—	1	—	3	3	—	7
Derbyshire	...	...	...	—	—	—	1	1	1	3
All Areas	...	...	...	2	8	7	20	14	12	63

In addition one severely disabled sighted man (a Sheffield case) is employed in the brush department.

The number of blind persons on the workshop register (63) is two less than at the 31st December, 1963. One name was added during the year (a Derbyshire man was admitted to the mat department) and three names removed were as under:—

<i>Area</i>				<i>Department</i>			
Derbyshire	...	...	...	Basket	...	...	1
Sheffield	...	...	...	Brush	...	...	1
Sheffield	...	...	...	Women's	...	...	1
TOTAL							<u>3</u>

(All the above retired)

The one trainee at 31st December, 1964 was a Sheffield C.B. case.

2. The Trade Position.

The work position was generally satisfactory during the year and the purchases by those local authorities having cases in the workshops was kept under constant review.

The Parks Committee of the City Council offered free space, as in the previous six years, at the Sheffield Show held from 3rd to 5th September, 1964.

3. The Scheme of Payments to Blind Workshop Employees.

This has operated since 1951 and has been amended as necessary.

At 12th April, 1965, the scheme was as follows:—

- (i) The standard payment rate for blind male workshop employees was £11 14s. 6d. (those qualified for the service supplement receive £12 1s. 6d.) and the rate for females was 75 per cent of this rate, viz.:— £8 15s. 10d. per week (with the service supplement £9 1s. 1d.); these rates to be used for sickness and holiday payments.
- (ii) The standard 5 day working week is:—males 40 hours and females 35 hours
- (iii) With regard to the qualifying earnings figures it will be appreciated that these are subject to revision from time to time as required.

- (iv) There is a standard augmentation rate for each group of workers, provided the workers reach the qualifying earnings figure as set out in the following scale:—

				<i>Qualifying Earnings</i>	<i>Augmentation</i>	<i>Total Payments</i>
				£ s. d.	£ s. d.	£ s. d.
MALES						
Brush pan hands	...	...	...	3 12 0	8 2 6	11 14 6
Brush drawn hands	...	...	...	2 17 10	8 16 8	11 14 6
Basket department	...	...	...	3 13 3	8 1 3	11 14 6
Mat department	...	...	...	4 10 9	7 3 9	11 14 6
Boot department	...	...	...	2 18 1	8 16 5	11 14 6
FEMALES						
Caning and seagrass seating workers	...			1 16 9	6 19 1	8 15 0
Round machine (also netting)	...	...		1 3 3	7 12 7	8 15 0
Light basket work	...	...	...	1 0 0	7 15 10	8 15 0

Those who receive the above payments will be regarded as qualified workers.

- (v) Workers' earnings are reviewed at six-monthly intervals ; special reports are presented in respect of those operatives who do not qualify in accordance with the foregoing scheme. The Disabled Persons Welfare Sub-Committee deals with these cases on their merits.

4. Sales

The following table shows the sales and the productive wages paid to blind employees in the workshops during the last ten years :—

<i>Year ended 31st March</i>	<i>Productive Wages £</i>	<i>Gross Sales £</i>	<i>Less Purchase Tax £</i>	<i>Total Net Sales £</i>	<i>Gross Profit £</i>
1955	9,850	40,877	1,731	39,146	10,383
1956	10,199	41,982	1,969	40,013	10,473
1957	12,045	46,471	2,450	44,021	11,303
1958	11,596	44,392	1,568	42,824	9,995
1959	12,005	43,962	1,179	42,783	10,732
1960	11,170	42,649	1,153	41,496	10,447
1961	12,403	44,605	939	43,666	11,007
1962	12,614	45,148	1,743	43,405	10,848
1963	11,238	42,415	1,130	41,385	8,245
1964	11,902	42,720	1,129	41,591	10,490

Cash received from the sale of Thrift Tickets for the 12 months ended 31st December, 1964, was £596 4s. 5d. and the value of tickets exchanged during the same period was £674 3s. 0d.

OTHER WELFARE SERVICES FOR BLIND AND PARTIALLY-SIGHTED PERSONS

Visitation and Lessons.—During the year the services were carried on by seven home teachers and one social welfare officer and for the second half by six home teachers.

	<i>Blind Persons</i>		<i>Partially-Sighted Persons</i>	
	1963	1964	1963	1964
Visits paid for special reasons	1,243	1,375	326	289
Visits of routine character ...	2,976	2,609	347	423
Individual lessons given ...	362	326	67	37
Social services rendered ...	140	154	6	11
TOTALS	<u>4,721</u>	<u>4,464</u>	<u>746</u>	<u>760</u>

In addition to the above, 32 visits were paid to hospitals where 727 blind and partially-sighted persons were seen in the year ended 31st December, 1964.

The Committee again approved the attendance, by rota, of the home teaching staff at the activities arranged by the North Regional Association for the Blind. These were:—

- (a) A special refresher course for experienced home teachers.
- (b) A week-end school.
- (c) A special week-end course for persons attending the previous year's special course,
- (d) the usual day conference.

Students on the Association's training course were also attached to the staff for field experience.

Library Services.—The Committee has continued its grant to the National Library for the Blind. This service continues to be very popular.

Details of book issues:—

				<i>April 1st 1963 to March 31st 1964</i>	<i>April 1st 1964 to March 31st 1965</i>
Volumes issued direct by the National Library ... ..	...	...	...	4,077	4,139
Volumes issued from Sharrow ... ..	...	...	...	1,052	792
TOTALS ... ..	...	...	...	<u>5,129</u>	<u>4,931</u>

The Committee again made a contribution to the Nuffield Talking Book Library for the Blind so that local persons using the library could receive pre-paid labels for the return of their talking book records to the library for exchange. The introduction of this service has brought into line the position of persons with talking books and those using Braille or Moon books from the National Library for the Blind at Manchester.

At 31st March, 1965, 190 persons were using the service, 68 more than at the corresponding date in 1964.

Handicraft Classes.—These were continued as in previous years. Classes were held every week—on Wednesday morning for men and Wednesday afternoon for women. There were 96 classes in the period of review, the average attendance for men being 29 and women 30.

The special fortnightly class for the deaf-blind was again very much appreciated, transport arrangements being made to convey the members to and from the class by car. There were 20 classes and the average attendance was 17.

District Social Centres

(a) Broomhill

The first centre, which was opened in April, 1949, had 20 fortnightly meetings which were held in the Broomhill welfare centre, Taptonville Road, and the average attendance was 21.

(b) Firth Park

The second centre was opened in January, 1952, at the Firth Park welfare centre. 20 fortnightly meetings were held during the year and there was an average attendance of 26.

(c) Manor

A third centre was opened in January, 1954, at the Manor welfare centre, Ridgeway Road. 23 fortnightly meetings were held during the year and there was an average attendance of 25.

(d) Sharrow

A fourth centre was opened in May, 1954, and meetings are held in the concert hall at Sharrow Lane. 22 meetings were held and there was an average attendance of 15.

(e) Darnall

A fifth centre was opened in January, 1955, and meetings held at the Darnall Labour Hall. 23 fortnightly meetings were held and there was an average attendance of 27.

(f) *Hillsborough*

A sixth centre was opened in August, 1956, and meetings are now held at the Trinity Methodist Church, Bradfield Road. Twenty-three meetings were held during 1964 and there was an average attendance of 25.

Children's Welfare Centre.—This centre was opened at the Parson Cross nursery in March, 1955. In February, 1956, it was transferred to the nursery premises at Carbrook, and from January, 1957 the centre has opened two days per week.

In November, 1962, changes were made in the various groups attending the nursery and, on the two days previously reserved exclusively for blind and partially-sighted children, other handicapped children are now attending. During 1964 the average attendance of all groups was 12 and 102 sessions were held.

Travelling Facilities for Blind and Partially-Sighted Persons.—When the Public Service Vehicles (Travel Concessions) Act, 1955, became operative, the City Council decided to grant travel concessions to the maximum extent permissible. So far as registered blind persons were concerned, this meant the restoration of the free travel concessions which operated up to September, 1954 and the restriction in regard to the purpose of travel was removed. At December 31st, 1964, 579 blind persons and 24 partially-sighted persons were pass-holders.

In June, 1956, the City Council permitted blind persons' guide dogs to be carried free on Corporation buses and trams. At 31st December, 1964, there were eight persons holding the necessary permits.

Provision of Holidays.—This scheme again operated in 1964 in accordance with the following rules:—

- (a) Financial assistance to be given for holidays in holiday or rehabilitation homes or elsewhere, as authorised in the approved scheme, where facilities are not available through the Care and After-Care Service or from any other source.
- (b) Assistance to be limited to the 150 applications, those assisted in one year to foot the next year's list. A flat rate grant of £3 per person to be made to cover both travelling and maintenance costs. (This rule was amended for the 1964/65 grants).

- (c) All applicants must be in receipt of a National Assistance allowance or payments which do not exceed the allowance to which the blind person would be entitled if that person were in receipt of National Assistance allowance.

(The Royal Sheffield Institution make an additional grant of £3 to each person approved for a holiday grant under the Council's scheme).

Chiropody Treatment and the Distribution of Comforts.—Both these services were continued in 1963. The chiropody treatment scheme has been available since 1943. The distribution of comforts to housebound and invalid persons was taken over by the Royal Sheffield Institution for the Blind from 1st January, 1964.

Wireless Sets.—The Department has employed a full-time wireless mechanic since 1947 to service the sets received from the British Wireless for the Blind Fund. 493 of these sets were in use at the 31st December, 1964. Maintenance was also carried out on 83 privately-owned sets of other blind people. In the majority of cases no charge is made, but each case is assessed individually according to an approved scale; those in full-time employment pay full cost. During the year 67 sets were returned to the Department owing to deaths or receiver defects. 36 new sets were received from the B.W.B. Fund during the same period.

A summary of the work undertaken is given below:—

	1963	1964
Service visits paid	417	466
Repairs carried out at the workshops ...	195	146
Sets issued to blind persons for first time	60	77
Sets issued for replacement purposes ...	46	27

This service was extended during 1955 to certain persons on the Partially-Sighted Register. Eighteen gift sets which have been allocated are being maintained by the mechanic.

British Relay Wireless, Ltd., has now indicated, through their Sheffield office, that their relay radio service can be supplied to registered blind persons at a reduced rate; the loudspeaker will be supplied by the firm on loan.

Bath Tickets.—The Disabled Persons Welfare Sub-Committee and the Cleansing and Baths Committee jointly continued to meet the cost to enable blind people to have free baths.

Provision of Entertainment.—Owing to a fall in attendances during recent years the holding of evening concerts at Sharrow Lane was discontinued except that Southey Methodist Church Choir again gave a Carol Concert as part of the Christmas activities.

The Sheffield Wednesday Football Club once again kindly allotted six free stand tickets for the use of blind people during the season 1964/65 for all first and reserve team matches. Sheffield United Football Club also allocated six free stand tickets for use during the same period. Messrs. G. Bentley and F. Yates kindly arranged a rota of voluntary commentators who attended the games and gave summaries of the matches to the blind men attending.

SHEFFIELD JOINT BLIND WELFARE COMMITTEE

The above Committee which was formed in 1948, continued its activities, co-ordinating the welfare work of the Royal Sheffield Institution for the Blind and this Department. The regular features which had proved popular in the past were continued and there was the usual joint outing. The destinations in June, 1964, were Cleethorpes and Derbyshire (Buxton and Matlock) and in September, 1964 a special evening outing was arranged for employed persons.

WELFARE OF HANDICAPPED PERSONS SERVICE

(Welfare of the Deaf and Hard of Hearing)

By A. J. DEAN, Deaf Welfare Diploma, Senior Social Welfare Officer

"Silence is never written down"

—Italian Proverb

The number of persons on the register at the 31st December, 1964, was 246 deaf without speech, 162 deaf with speech and 186 hard-of-hearing. The corresponding figure in the hard-of-hearing group in 1963 was 205 and the slight drop is accounted for by the fact that some attempt was made during the year to obtain a more realistic figure of persons who need the service provided, rather than simply a register of hearing aid users, and this survey is being continued. There are some persons who fall into the hard-of-hearing group, as for example those who are referred by the hearing aid centre who would in addition to the issuing of a hearing aid benefit from assistance and advice from the welfare service. These persons may require only one or two visits, e.g., to be put in contact with the hard-of-hearing club, and in some instances their names may not be kept on the register. On the other hand, some cases which are referred from the same source need continuing support and visitation. There are, however, only a small number of cases referred by the hearing aid centre and it would seem that there must be many more people who are fitted with hearing aids who would benefit from contact with the welfare service.

In previous reports reference has been made to the isolation and limitations of language and, therefore, understanding with which the deaf person has to contend. Whilst there is no limitation of language for the hard-of-hearing person there is isolation—to a greater or lesser degree—and misunderstanding. Perhaps insufficient attention has been paid in the past to this aspect, and this may be because hard-of-hearing persons in the main do not wish to be considered as deaf. It may be that closer co-operation between hearing aid issuing centres and local welfare services would result in improvements in both these services.

Mention has been made earlier of the Sheffield hard-of-hearing club, which during the year received a grant from the authority. This voluntary association continued to meet weekly in a hall in the City but it is likely that the group will transfer to the social centre at Psalter Lane where the general amenities are more suitable. It would, of course, at this stage of development be desirable for this group to meet on a different evening from the profoundly deaf and negotiations with the committee of the hard-of-hearing club are in progress.

A youth club for partially deaf was formed together with the British Association of the Hard-of-Hearing, and continues to meet in one of the City community centres. It was felt at the time of its formation that more integration could take place if this group met in such a centre rather than in the centre for deaf or hard-of-hearing. This group meets weekly and the warden reports that, whilst the group mixes with other users of the centre in the canteen, very few members have joined in any of the other activities organised in the centre. This youth club is run entirely by the members and has only been functioning for the past two years, so that it is not possible to assess whether full integration will eventually take place.

The Sheffield Association of Deaf People which is a small group of hard-of-hearing persons who meet together on a Sunday for a religious service continues to meet, the rent of the premises being paid for by the authority.

Group activities for the deaf are held in the handicapped persons social centre, 57 Psalter Lane. The centre has now been remodelled, a modern kitchen having been added to the building so that generally handicapped persons who now attend the centre on four days of the week can be provided with a mid-day meal, the old kitchen having been made into a small canteen. Provision has also been made on the first floor for a self-contained two-bedded flat for a resident caretaker. The remaining accommodation, consisting of chapel, billiard room, main hall, television lounge and quiet room and office, has not been altered to any great extent structurally, but has been redecorated, curtained and refurnished.

The premises are now being used during the day time and on certain evenings by the following groups:—Sunday evening service for the deaf, once a month—average attendance 20 deaf persons; social activities, two/three evenings a week—average attendance per week totalling 120. E.S.N. boys club (organised by Social Psychiatry Service of the Public Health Department), one evening a week—average attendance 25; handicapped persons, four days per week—present register strength totalling 109; tubercular unit, two days per week—present register strength 17; elderly deaf club, one afternoon per week—average attendance 25.

It is hoped that in the development of the centre it will be possible to cater for the full needs of the deaf, together with the needs of other classes of handicapped persons.

It is pleasing to report that the Sheffield Association in Aid of the Adult Deaf and Dumb from whom these premises were bought in October 1960 established a Trust in aid of the deaf and dumb, and the Trustees paid for the redecoration and curtaining of the chapel in the centre and also

paid for a new television set in the lounge. They also made a very generous grant of £200 to the authority to assist any deaf person who seemed to be in need, and towards the end of the year under review, when most of these monies had been expended, the Trustees gave a further grant of £50. The money has been used to assist in various ways such as grants towards furnishings and removal expenses, helping a deaf girl to meet the cost of training at a comptometer school and in meeting the cost of aërials for television sets which have been obtained for pensioners free of cost from a well-known firm in the City. Quite a large sum of money from this grant has been used amongst the elderly deaf who meet one afternoon a week at the centre. Twenty six members of this group spent a week's holiday at Bridlington, the cost being shared between the Health Committee, the voluntary fund and the deaf themselves. This group also benefited from the fund when an outing and Christmas party was organised during the year.

The social centre has been open on 194 occasions during the year for the use of deaf persons and indoor games such as billiards, table tennis, darts, etc. have been played. In addition outside activities, such as cricket and football, continue to be organised from this centre by the elected representatives of the deaf, who form a committee of twelve members and hold regular monthly meetings under their own chairman—the staff acting as advisors.

One of the many effects of deafness on the individual is that, through a lack of communication and understanding of language, social contact with the world at large is difficult. It may be that, in this modern age, there is less demand for clubs and centres but the fact remains there is still a large number of deaf people—the retired person and the recent school leaver included—who need social contact with others similarly afflicted. The social centre helps to meet this need.

It is within this environment that a deaf person may achieve a satisfaction denied to him in the hearing world. Within the centre each person can establish his or her identity. The very fact of being unable to project one's own personality is itself sufficient to deter some people from introducing themselves into certain types of community life.

The social centre is also a way of enabling the deaf as a group to demonstrate that they are able to enjoy social activities, given the chance, on equal terms with their hearing counterparts, and this can be clearly seen when hearing groups visit the social centre. Some of the deaf prefer to seek their social satisfaction in other spheres and this is felt to be desirable. This emphasises the fact that there is still a need for field staff to maintain contact with the handicapped person by means of home visits.

During the year 662 visits have been made to deaf and hard-of-hearing persons in their own homes. As mentioned in previous reports some of these visits are made at the request of the deaf themselves, whilst others are of a routine nature. In addition to these visits the staff have made 281 visits to other bodies or social agencies, or provided other social services for those on the register. Some 535 persons have called at the office in Town Hall Chambers.

On 104 occasions during the year the staff have been called upon to act as interpreters for such bodies as police, hospitals and doctors, thus acting as a link between the hearing world and the deaf. Suffice to say that, in a variety of situations, it is necessary to interpret for the younger deaf persons, some of whom may have only slight hearing loss.

Visits to hospitals and institutions have numbered 144 over the year and 465 patients have been seen. Quite a large number of long stay patients are seen together at Middlewood Hospital where regular monthly visits are made, the patients being brought together (approximately 15 in the male group and 20 in the female group), and group social activities organised. It is interesting to note that, although activities such as cards and dominoes are arranged in the hospital, these hard of hearing and totally deaf people appear less bored and appear to enjoy activities to the full when meeting together in a group. Those patients who do remain on the fringe of the activities seem to benefit to some extent from being associated with the group and from contact with the welfare officer. Other deaf persons who are hospitalised in general hospitals, either for a short or long stay, are seen as often as possible in order to break down the isolation from which they suffer and which is often increased in these circumstances.

During the year the staff have again received the utmost co-operation from the headmaster and staff of the Maud Maxfield School for the Deaf and also from the Youth Employment Service and Ministry of Labour Officers when seeking employment for those on the register, and it is pleasing to report that there have been no long periods of unemployment throughout the year for those persons on the register who are employable. Good liaison with other agencies, both voluntary and statutory has been maintained throughout the year.

Reference has been made in this and earlier reports to limited language and understanding of deaf persons and also to the co-ordination of welfare services for all groups of handicapped persons. There is at present a national trend for all sections of handicapped persons to be grouped together, and for social workers to deal with the group as a whole. Whilst it is true to say that the group may have many problems and difficulties that are common

to all and that a casework service to deal with family problems is desirable, it is essential that the special needs of the deaf should not be overlooked. This is of course not to say that the narrowness of both the work, and the workers, in the past did not need some change of attitude and that other social workers should not be brought into contact and made aware of this group. Nevertheless, it cannot be said too strongly that unless great care is taken in the training of future social workers and in the development of co-ordinated services, there may be a tendency for attention to be given to the learning of manual communication and sight lost of the wider difficulties which this lack of communication brings. The Younghusband report drew attention to this point by observing that "when we reflect that language, the ability to communicate with others, and to think in abstract terms is the basis of civilisation we can only infer that deafness may affect personality more profoundly than any other physical handicap". One wonders if these very points are not at present being lost in the rapid development of some of the all-purpose services.

It would be true to say that during the nine years that the local authority has maintained a direct service there has been constant awareness of these facts, and efforts have been made to steer a middle course between the over-supportive role of the past and what would seem to be the present tendency in some areas to under-emphasise the disability.

WELFARE OF HANDICAPPED PERSONS SERVICE

(General Classes)

By JEAN B. PARKER, M.B., Ch.B., Senior Medical Officer

"Every slip is not a fall."

—Thomas Fuller (Gnomologia)

Welfare services for seriously handicapped persons, living in the community, have been provided by the local authority since 1952. They are available to all persons who are disabled by injury or illness and cannot be considered for employment or Ministry of Labour schemes for training or rehabilitation. Particulars of persons seeking registration are sent to the Medical Officer of Health.

These services have expanded as the needs of the handicapped and their families have become known. Developments over the years have been encouraging although progress is necessarily slow. Experience and increasing knowledge have shown that arrangements for dealing with the handicapped must be flexible enough to allow adjustments to be made. The exchange of information and ideas between other agencies and the local authority has helped in improving the services. Close co-operation with hospital consultants, general practitioners, officers of Ministry of Labour, Youth Employment Service and National Assistance Board along with voluntary bodies, helps the local authority to maintain a progressive attitude. The support given by officers in other departments of the local authority is of great value in the endeavour to offer the best possible service to handicapped persons. Seriously disabled persons are more willing to use the facilities offered and to acknowledge the benefits derived from them. The progress already made inspires some hope that more can be accomplished in the future.

Handicraft Centres.—Initial inquiries into the needs of handicapped persons living in the community, after discharge from hospital showed that they were without initiative, inactive and often depressed. They asked for alleviation of boredom which by their own efforts was unattainable. It was decided that a handicraft centre could provide not only a change of environment, but also some useful occupation. A small room at Manor maternity and child welfare centre, opened in 1953, catered for a small group of men who could use public transport. This experiment proved successful and, after extension of the facilities at Manor, centres were set up in other parts of the City. At present centres are open three days weekly at Manor and Firth Park, four days weekly at Psalter Lane and five days weekly at Sharrow Lane. Admission was offered to women, and special

transport made it possible for non-ambulant disabled persons of both sexes to attend. The provision of free mid-day meals is a valuable addition to the other services supplied.

Handicrafts—rug making, weaving, basket work, occupy the greater number attending Firth Park, Manor and Psalter Lane centres. Some are too seriously disabled to engage in any handicraft activity but they enjoy the outing from home and the society of others. Small groups prefer to unite in social activities of cards and other games. At first it was possible to assess the abilities of patients attending these centres, but the large numbers make this more difficult since it demands individual tuition and supervision. Nevertheless the busy atmosphere at these centres does encourage some to use their skills and find work suited to their residual abilities. Outwork from an industrial firm, paying the rate for the job is occasionally offered. This work, in which all can participate, is simple but interesting and the money earned is appreciated by the patients.

The centre at Sharrow Lane is regarded as a workshop where skills and speeds in working can be advanced. Men attending must be able to use public transport or motorised vehicles and, according to fitness or desire, go three to five days weekly. They produce articles for other departments, or for special orders, and some for sale through the Blind Welfare saleshop. The quality of goods made must be high in order to compete in an open market.

These men are very seriously handicapped and aware that they may never return to industry. It is surprising how optimistic they remain in the face of many difficulties. A small number return to work which has been found for them by the disablement resettlement officers in co-operation with the chief technical officer of the Public Health Department. During the year 13 have been able to take up jobs in open industry.

The attitude towards employing handicapped persons is slowly changing but the problems are not easy to overcome. Industry is not easily adjusted to the special requirements of some handicapped persons.

Handicapped school leavers and young adolescents are admitted to Sharrow Lane and attend three days weekly. They suffer from severe disabilities, often associated with mental retardation. The conditions in modern industry, even in simple repetitive jobs, demand speeds and a degree of accuracy to which they have not been trained in school. A few can adjust to these disciplines and succeed, others unable to do so fail in every job they try. Those who fail are referred to local authority centres where some can be helped to overcome their difficulties. It has been possible to recommend them for training through Ministry of Labour schemes or find them suitable jobs with employers who understand their needs.

The recent report on disabled school leavers has shown that their problems cannot be easily solved. Close co-operation with other agencies dealing with young handicapped persons is being maintained and this has been helpful in improving the services. Schools for the handicapped are visited by the doctor and senior social worker of the Welfare of Handicapped Persons Service in order to know more of the handicapped child and his family before he leaves school. It is hoped that the information being collected can lead to more accurate assessment of handicaps and to better methods of training the adolescent for work.

A small section of the Department employing blind women at Sharrow Lane became available to the Welfare of Handicapped Persons Service in July 1963. This offered opportunity to try a small group of disabled women on work other than handicrafts. They have been engaged in outwork supplied by an industrial firm. The carding of goods is simple, and easily accomplished by this group who have welcomed the occupation and money earned by doing this work. The success of this experiment has been encouraging and every effort is being made to expand in the future.

The small group of men who are capable of skilled productive work but are unable to use public transport or motorised vehicles are taken by special transport to Sharrow Lane one day weekly. This falls short of their requirements since they would be able to work five days weekly if transport could be provided. It is not possible to arrange transport for more than one day because of the heavy demands at handicraft centres. There is no doubt that the seven men attending have benefited from working at Sharrow Lane in competition with others of equal skill.

The remodelled Psalter Lane Centre was officially opened by Dr. Taylor, Bishop of Sheffield, on 12th November, 1964. Representatives of civic and other bodies were invited to attend and given the opportunity to inspect the centre and the activities provided for the handicapped. The centre is open four days weekly for the physically handicapped. A large upstairs room caters for patients suffering or recovering from tuberculosis. These men and women still prefer to work as a group engaged in producing articles for sale rather than handicrafts. Those who are recovering and looking forward to regular employment welcome occupation through which they can improve their skills and physical strength. Others, aware that they cannot undertake regular employment enjoy work which brings some financial award. The consultant at the Chest Clinic recommends patients who can use the centre to advantage.

All the centres are available to elderly people who have become handicapped by age or illness. They welcome the change of environment and if possible participate in the activities. Isolation and loneliness among

the aged can be lessened by attendance at a centre; families caring for them welcome the freedom from constant care and attention. At Firth Park the elderly ambulant attend on Fridays. They find pleasure in outwork and handicrafts at which they express their skills. The 'Autumn Club' run jointly by the local authority and Council of Social Service meets weekly at Firth Park on Wednesdays. This is a recreational club which continues to attract a large membership.

The handicraft and work centres continue to admit patients suffering from or recovering from mental illness. They are easily integrated into groups of physically handicapped persons. Patients admitted to these centres are known to need time for adjustment before returning to work. Some are likely to relapse and enter hospital for treatment. The improvement in the Social Psychiatry Services has helped patients to live more happily in the community and to accept treatment when necessary. Many are found suitable work in industry. Patients living in Southey Hill House and awaiting employment are admitted to Sharrow Lane. This allows them to work regular hours and prepare for conditions in industry.

The Ministry of Health approved an alteration to the scheme which permitted reasonable payment to be made to handicapped persons attending Sharrow Lane. This was put into operation at the end of August, 1964. After the Ministry of Health had agreed the necessary alteration to the approved Scheme for the General Classes of Handicapped Persons, those persons attending at Sharrow Lane whose production reached certain approved standards and who attended five days per week, have received a weekly fixed payment (15/0). Thirty-two men qualified for this allowance. Previously the men had only received a share-out of profits. It is gratifying to note that the productive earnings of this group were so high that up to the 31st March, 1965 only a small contribution (£8) was required from the Rate Fund to make the agreed payment regularly.

At the end of the year plans for the employment of epileptics were discussed with representatives of the Ministry of Labour and the Parks Department of the Corporation. It is anticipated that this scheme will become operative in 1965.

The chief technical officer is responsible for the management and running of all the centres. This part of his work has become increasingly heavy and to lessen the burden, it was decided to promote one of the supervisors to a new post of senior supervisor. The staff employed at centres consists of one senior supervisor, six male supervisors and one female occupational therapist.

Handicapped persons attending a centre are provided with a variety of handicrafts and outwork when it is available. Each year sees the introduction of some new handicrafts, and wrought iron work and copper work have been popular during this year. The supervisors devise ways of teaching the patients to use their residual abilities and eventually to achieve a reasonable skill in the work. A small number who attend a handicraft centre recover sufficiently to attend Sharrow Lane. The majority are too seriously disabled to be considered for any employment but they try to become as independent as possible. They value the efforts made by the staff to help them and endeavour to benefit from the instruction given.

Registration.—The register check carried out by two social workers of the Welfare of Handicapped Persons Service at the end of 1962 showed that the records required correction. This has been done under the supervision of the senior social worker and registrations can now be accurately maintained. The number on the register is 1,273.

Classification of disabilities is as follows:—

Amputation of limb	45
Arthritis and muscular rheumatism (including fibrositis) ...	245
Congenital malformations and skeletal deformities ...	101
Diabetes	11
Diseases of the digestive system ...	33
Diseases of the genito-urinary system ...	4
Diseases of the heart or circulatory system ...	163
Diseases of the respiratory system ...	76
Epilepsy	61
Injuries and diseases of bones and joints ...	87
Mental subnormality	34
Muscular dystrophy	10
Neoplasm	15
Organic nervous diseases	212
Psychoses, psychoneurosis	61
Poliomyelitis	41
Tuberculosis—respiratory	24
Tuberculosis—spine, bone, joints etc. ...	16
Miscellaneous	34
TOTAL	1,273

These cases have been notified by the following:—

Hospital almoners	279
National Assistance Board	84
Care and After-Care Service, health visitors, home nurses etc. ...	428
Ministry of Labour	23
Voluntary organisations and social workers ...	47
Personal applications	176
Social Care Department	8

School Health Service	...	...	...	...	...	...	...	...	...	17
Youth Employment Service	...	...	...	...	...	...	...	...	...	21
General Practitioners	...	...	...	...	...	...	...	...	...	63
Ministry of Health	...	...	...	...	...	...	...	...	...	16
City Councillors	...	...	...	...	...	...	...	...	...	29
Hospital consultants	...	...	...	...	...	...	...	...	...	30
Ministry of Pensions	...	...	...	...	...	...	...	...	...	15
Social Psychiatry Service	...	...	...	...	...	...	...	...	...	30
Other patients	...	...	...	...	...	...	...	...	...	7
TOTAL										1,273

Age-Groups (General Classes)

	0-5 years	6-15 years	16-20 years	21-30 years	31-40 years	41-50 years	51-60 years	61-70 years	71-80 years	81+ years	Totals
Males ...	9	26	27	41	53	121	152	166	55	14	664
Females ...	9	25	19	44	35	79	108	136	128	26	609
Totals ...	18	51	46	85	88	200	260	302	183	40	1,273

The employment or occupation of persons on the register was as follows:—

(i) Employed in open industry	...	...	...	...	...	...	...	...	...	56
(ii) At Remploy or sheltered workshop	...	...	...	...	...	...	...	...	...	6
(iii) Employed at home	...	...	...	...	...	...	...	...	...	7
(iv) Not employed but capable of and available for:—										
(a) Open employment	...	...	...	...	...	...	...	...	...	72
(b) Sheltered employment	...	...	...	...	...	...	...	...	...	61
(c) Handicrafts	...	...	...	...	...	...	...	...	...	370
(v) Incapable of or not available for work	...	...	...	...	...	...	...	...	...	641
(vi) Children of school age	...	...	...	...	...	...	...	...	...	49
(vii) Children under school age	...	...	...	...	...	...	...	...	...	11
TOTAL										1,273

Housing.—Often handicapped persons can live fully and normally with their families in homes requiring little or no alteration. For others, major alterations—usually to allow use of motorised vehicles supplied by the Ministry of Health—are recommended by the Health Department and carried out by the Public Works Department. Where rehousing is essential good use has been made of flats and prefabricated bungalows.

Information relating to the housing of disabled persons has been collected since registration was introduced in 1952. During the year a questionnaire on housebound patients was sent to consultants, general practitioners, health visitors and the home nursing and home help services. This met with an overwhelming response and in all 3,412 cases were notified.

After review 1,175 persons were considered likely to benefit from special housing. It was significant that 87.6% of the 1,175 were over 50 years of age, and that the percentage decreased by approximately 10% for each decade up to the age of 80 years. The total of those over 80 years of age represented 30.8% of those surveyed. Of the 253 patients found to be living alone, 26 were males. Those already in receipt of help from other local authority services numbered 826.

For various reasons those in the higher age groups could not be considered for purpose-built housing. It was decided to concentrate on the requirements of those under the age of 45, of whom 21 were thought likely to benefit from living in specially designed houses. Plans for building houses for handicapped persons have been discussed with officers of the Housing, City Architect's and Public Health Departments. After further investigation and consideration it is likely that special housing can be provided for some seriously disabled persons and their families in the future. Meantime, the Welfare of Handicapped Persons' Service continues to carry out alterations to existing houses, 118 being approved during the year at a cost of £1,608.

The following alterations and adaptations were carried out:—

(a)	Construction of concrete driveways for motor-chairs	...	...	...	...	...	...	4
(b)	Provision of handrails to stairs and steps	...	...	...	...	...	...	86
(c)	Construction of concrete ramp	...	...	...	...	...	...	2
(d)	Provision of handrails in bathroom and/or toilet	...	...	...	...	...	...	6
(e)	Provision of chain and handgrip to bath and toilet	...	...	...	...	...	...	5
(f)	Provision of pavement crossover	...	...	...	...	...	...	1
(g)	Widening of door	...	...	...	...	...	...	2
(h)	Provision of bath	...	...	...	...	...	...	2
(i)	Construction of pathway to house	...	...	...	...	...	...	4
(j)	Provision of charging point in garage	...	...	...	...	...	...	1
(k)	Provision of shelves	...	...	...	...	...	...	2
(l)	Provision of cable and plug	...	...	...	...	...	...	1
(m)	Lowering of kitchen sink	...	...	...	...	...	...	1
(n)	Contribution towards garage	...	...	...	...	...	...	1

Carbrook Welfare Centre for Handicapped Children.—This centre was opened in 1955 for handicapped children of pre-school age. Training in a nursery of this type is of great value to parents and children. Although parents can cope with disabled children they are aware of, and sometimes worried by, the difficulties of constant care. Admission to the nursery allows the mother time to promote some outside interests or to give more attention to home and family. The children learn how to adjust to others and to benefit by simple play and social training. The journey by special coach from and to their homes is appreciated by even the youngest members. At

first blind children and handicapped children attended in separate groups, but the experiment of joining physically handicapped with blind children has proved very successful.

Early treatment of disabilities is meeting with increasing success. Parents are anxious to know how the handicap will affect the child's development and are willing to follow advice given. Many of the children admitted to the nursery suffer from mental as well as physical retardation. During the years the child attends the nursery parents are helped to understand retardation in development and to accept advice on present and future training. If necessary, transition to a training centre for mentally handicapped children is easier to accept after adjustment in the early years.

Each year an outing to the seaside for parents and children is arranged by the staff. The matron and her assistants take a close personal interest in each child and the family and afford them all the help possible.

Clinic for Handicapped Children.—The clinic for handicapped children began at Orchard Place in 1960. Parents attend with young babies suffering from major and minor defects or with babies considered to be at risk of developing some defect.

The first year of a handicapped baby's life can be very little different from that of a normal baby unless there are special problems. The advice given at the clinic aims to lessen parental fears and to foster secure emotional attachments. Some parents afraid of making mistakes in the care of a handicapped baby find acceptance of and adjustment to the needs difficult. Simple explanation of the condition given by the doctor affords the parents an opportunity to ask questions and in turn exchange information about the baby and the family. They appreciate the support given at the clinic and by the health visitors in the home.

Parents welcome tests to find out the abilities and development of their child. These tests are used to encourage them to develop the child's abilities. They are willing to attend regularly and to ask questions based on their experiences in dealing with the baby at home.

Hearing tests are carried out on all handicapped children at the clinic.

Those children who require more detailed testing are seen at the audiology clinic run by the School Health Service, but none were found to be deaf during the year.

It is now possible to arrange for ophthalmic examinations to be carried out at an early age. If necessary these babies are re-examined and kept under

observation. The work done by the audiology clinic and the ophthalmologists has been of great value in helping to understand the development of some handicapped children more fully.

The types of defects seen during the year are as follows:—

Mongol children	...	...	...	...	...	...	...	...	24
Spina bifida	...	...	...	...	...	...	...	...	6
Hydrocephalus	...	...	...	...	...	...	...	...	1
Post-meningitis	...	...	...	...	...	...	...	...	2
Backward	...	...	...	...	...	...	...	...	15
Retarded	...	...	...	...	...	...	...	...	12
Spastic	...	...	...	...	...	...	...	...	5
Cerebral palsy	...	...	...	...	...	...	...	...	4
Physical abnormalities of limbs, etc.	...	...	...	...	...	...	...	...	5
Blind and partially-sighted	...	...	...	...	...	...	...	...	3
Epilepsy convulsions	...	...	...	...	...	...	...	...	6
Cretinism	...	...	...	...	...	...	...	...	1
Meningocele	...	...	...	...	...	...	...	...	3
Children at risk (prematurity, poor condition at birth, deaf parents)	...	...	...	...	...	...	...	...	14
Klippel-Feil syndrome	...	...	...	...	...	...	...	...	1
Deaf	...	...	...	...	...	...	...	...	1
Turner's syndrome	...	...	...	...	...	...	...	...	1
Paresis and hemiplegia	...	...	...	...	...	...	...	...	2

SOCIAL WORK

Local authority is a comparatively new setting for casework services, and the shift in emphasis from institutional to domiciliary care creates new pressures on limited resources. Throughout the year, under the direction of the senior social worker, Mr. G. W. Jackson, efforts have been made to gear the Department to professional social work standards and to make adequate provision for student training. The integration of individual specialist services is progressing; sectionalisation does not necessarily coincide with individual needs and specialisation may detract from the quality of the service given.

During the past year the City has been divided geographically into five districts, each of which has common boundaries with other local authority health and welfare services and an approximate population of 100,000 people. This makes for ease of communication between the workers from various departments. It is envisaged that under the supervision of senior staff each district shall have the services of social welfare officers dealing with the deaf and hard of hearing and with all general classifications of physical disability, and of home teachers of the blind, in addition to trainee social workers.

The deployment of staff has been disrupted by the secondment of people to courses and by the resignations of permanent officers, coupled with the difficulty of recruiting suitably qualified replacements. The exigencies thus created have resulted in the home teachers having to be relieved of their responsibility for the general-purpose work upon which they embarked in 1962. Home teacher caseloads locally are in excess of the national average and recruitment to the Welfare of Handicapped Persons Service as a whole remains a fundamental problem.

Throughout the service there has developed an increasing awareness and understanding of the stresses experienced by disabled persons and their families, and of the need for trained and qualified personnel to deal with their many problems of adjustment. Progressively more attention is being focused on the alleviation of personal and social difficulties which hitherto were not generally recognised. Within the limitations of local policy caseworkers must have freedom to work in the way most likely to benefit the individual, always providing that there is adequate scope for casework consultation. Within this framework, therefore, and under medical direction, the senior social worker endeavours to assist members of the fieldwork staff to assess the degree of disturbance experienced by handicapped people, newly referred, and to recommend and plan appropriate help. He has a consultative role and is responsible for casework supervision, whereby individual officers are able to seek support and guidance on cases which are presenting difficulty. It is recognised that by no means everyone who has a social problem needs the help of a qualified caseworker and that the emphasis is on dealing with people who are handicapped rather than with handicapped people. Experienced officers realise that adequate time and thought spent on initial assessment invariably saves much time and wasted effort later, and that casework recording has become an integral part of the social work structure; one means by which officers are more effectively able to do their jobs.

Throughout the year the total handicapped caseload has been reviewed with the result that individual cases are now more easily identified as being 'active' or 'non-active', according to assessment. Complete register checks have taken place and it has been possible to remove a large number of hitherto passive cases from the files. A more realistic picture of the work undertaken by the social workers is thus created and officers have a more clearly defined structure in which to function.

It is perhaps in the field of student training that most progress has been accomplished. The Council for Social Work Training has authorised the establishment of a course at the College of Technology in Sheffield in

1965, and it is anticipated that the Welfare of Handicapped Persons Service will be requested to undertake some of the practical work placements. Student training is time consuming and a high degree of skill is required of supervising officers. As a prelude to the Sheffield course the senior social worker has undertaken throughout the year the prolonged practical casework training of three students from the Younghusband courses at Manchester and Leeds and of two children's officers attending the Child Care Course at the University of Sheffield. Additionally, two trainee home teachers of the blind have been attached to the Department, together with three medical social workers as a preliminary to their taking up appointments at local hospitals, two trainee health visitors, one youth employment officer and five post-graduate students from the London School of Economics. Five other students are expected in the autumn, by which time three established officers, including two trainee social workers, will be leaving for training.

The authority's decision to sponsor the training of unqualified personnel is to be commended. One home teacher of the blind is currently completing the first of a two year Younghusband Course at Bristol and in due course the authority can expect to benefit by the regular annual supply of trained staff. A close liaison is maintained between the tutors of the colleges and universities from which the students come; the interest thus disseminated among under-graduates should help improve the image of the Department and stimulate recruiting.

A programme of in-service training is getting under way, and the pilot scheme of appointing two welfare assistants in 1964 resulted in their acceptance for degree courses at the Universities of Liverpool and East Anglia. Throughout the winter most officers have taken the opportunity of attending lectures and seminars arranged by the Department of Social Studies at the University of Sheffield and, when circumstances permit, it is hoped to organise regular staff meetings for the discussion of topics of general interest.

A handicapped school-leaver service has been inaugurated and should do much to mitigate fears that severely handicapped children attending special schools are abandoned at the age of 16 to the boredom and frustration of life at home, devoid of the companionship and support of the school environment to which they had become accustomed and, in many cases, with little or no prospect of employment. The school-leaver service does not identify itself specifically as a job seeker which, primarily, is the function of the Youth Employment Service. It is envisaged, however, that the names of handicapped children will be referred well in advance of

the school leaving date, enabling welfare officers to establish rapport with the families concerned and be in a position to allay many of the fears and anxieties which must inevitably occur at this stage of the child's development. Very often the problem of re-integration from residential school into a family setting is difficult. The help so far given by the School Health Service and by individual head teachers has contributed substantially to the initial success of a service which, as yet, is in embryo. The aim is for continuity of care and supervision and it is anticipated that all adolescents will have the benefit of guidance until they attain, at least, the age of 18 years.

Final comment is perhaps appropriate on the difficulties often experienced by social workers in reconciling the needs of clients with administrative procedure. Inculcated into all members of staff is the desirability to make visits of quality, rather than of quantity; to economise in the use of valuable time. The senior social worker, therefore, is endeavouring to harness all available resources to this purpose and to improve upon the quality of existing casework services.

GENERAL PUBLIC HEALTH INSPECTION

“He that repairs not a part builds all”

—George Herbert (Outlandish Proverbs)

It is often necessary to stress some aspects of the work at the expense of others, and this is particularly true in a year which saw the loss of nine inspectors, two by retirement and seven through young inspectors leaving for appointments with other authorities. The coming into force of the Offices, Shops and Railway Premises Act, meant that much time had to be devoted to this work with the help of a number of technical assistants who made a useful contribution. The work of improving houses with the aid of standard or discretionary grants continued, and with the coming into force of the Housing Act, 1964, consideration was given to declaring certain improvement areas in 1965. Enforcement of the law dealing with houses in multiple occupation also continued.

The following are the main Acts and Regulations governing the work of the public health inspector:—

Agriculture (Safety, Health and Welfare Provisions) Act, 1956; Caravan Sites and Control of Development Act, 1960; Diseases of Animals Act, 1950; Factories Act, 1961; Food and Drugs Act, 1955; Food Hygiene (General) Regulations, 1960; Housing Acts, 1925-1961; Housing (Financial Provisions) Act, 1958; House Purchase and Housing Act, 1959; Licensing Act, 1961; Milk and Dairies Regulations; Noise Abatement Act, 1960; Pet Animals Act, 1951; Prevention of Damage by Pests Act, 1949; Public Health Acts, 1936 and 1961; Rag Flock and Other Filling Materials Act, 1951; Rent Act, 1957; Rent Restrictions Acts, 1920-1939; Sheffield Corporation Acts, 1918, 1928 and 1937; Water Acts, 1945 and 1948; Animal Boarding Establishments Act, 1963; Offices, Shops and Railway Premises Act, 1963; Housing Act, 1964; Protection from Eviction Act, 1964; Local Byelaws.

Summary of Complaints, Enquiries, Correspondence, etc.—In the statement below are given, in brief summarised form, particulars of the daily correspondence etc. passed to the section for attention by the staff of public health inspectors.

<i>Daily Portfolio—</i>		1963	1964
Complaints and enquiries in person ...	...	3,846	2,807
Complaints and enquiries by telephone ...	...	6,412	6,041
Correspondence, including Ministry, inter-departmental and general ...	...	21,556	22,079
TOTALS	...	<u>31,814</u>	<u>30,927</u>

<i>Types of Complaint</i>						1963	1964
Drainage defects	...	...	...	...	...	2,836	2,629
Paving defects	...	...	...	...	...	112	68
Housing defects	...	...	...	...	...	5,374	4,242
Watercloset defects	...	...	...	...	...	2,045	758
Verminous houses	...	...	...	...	...	366	458
Requests for inspector to call	...	...	...	...	...	859	807
Overcrowding cases and requests for priority rehousing	...	...	...	...	...	589	593
<i>Other correspondence</i>							
Town Clerk's Department—property enquiries						8,523	9,372
Rent Act, 1957 and Housing Repairs and Rents Act, 1954—							
Application for Certificates of Disrepair						22	2
Undertakings received from landlords						7	1
Applications for cancellation of Certificates						54	34
Certificates cancelled						19	22
Miscellaneous (includes correspondence from property owners, agents, builders, other Corporation Departments etc., applications for licences for sale of milk, ice cream, pet animals etc.)						11,046	11,941

Summary of Visits, etc., of Public Health Inspectors.—In the table below are given, in summarised form, particulars of the visits and general work of the staff of public health inspectors during the years 1963 and 1964:—

TABLE XIII.—Summary of Work done by the Public Health Inspectors during the years 1963 and 1964

1. NUISANCES						1963	1964
(a) Dwelling-houses (not condemned)							
No. found affected						11,522	8,399
No. of initial visits						10,245	7,685
No. of re-inspections						12,684	9,728
No. where nuisance abated						6,071	4,529
(b) Dwellinghouses (condemned)							
No. found affected						364	60
No. of initial visits						382	59
No. of re-inspections						610	127
No. where nuisance abated						102	26
(c) Other Premises							
No. found affected						216	209
No. of initial visits						273	246
No. of re-inspections						295	255
No. where nuisance abated						152	91
(d) Notices Served							
Statutory						2,162	1,385
Informal						4,609	3,666

	1963	1964
2. NO. OF INTERVIEWS WITH OWNERS OR REPRESENTATIVES	2,373	2,739
3. DRAINAGE AND BUILDING WORK		
(a) No. of inspections	7,898	9,253
(b) No. of smoke tests applied	646	785
(c) No. of water tests applied	684	693
(d) No. of colour tests applied	1,435	1,750
4. HOUSING		
(a) No. of initial inspections	241	161
(b) No. of additional inspections	1,540	2,114
(c) Visits <i>re</i> improvement grants	5,830	6,406
(d) Visits <i>re</i> overcrowding	135	601
(e) New cases of overcrowding found	10	2
(f) Visits <i>re</i> Certificates of Disrepair	119	60
(g) Visits <i>re</i> applications for loans on mortgage	1,108	1,226
5. FOOD PREMISES		
(a) Visits to dairies	26	14
(b) Visits to milk distributors	137	111
(c) Visits to ice cream manufacturers	79	57
(d) Visits to ice cream retailers	95	102
(e) Visits to fried fish shops	35	93
(f) Visits to bakehouses	128	130
(g) Visits to other food preparation premises	378	457
(h) Visits to food saleshops	703	853
(i) Visits to licensed premises and clubs	315	164
6. SHOPS		
(a) Visits <i>re</i> Shops Act, 1950	283	225
(b) Other visits	45	103
7. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963		
(a) Visits (including those by technical assistants)	—	22,175
(b) General inspections (including those by technical assistants)	—	1,060
8. Visits <i>re</i> ZYMOTIC DISEASES	980	1,453
9. FOOD POISONING		
(a) No. of visits	245	165
(b) No. of food specimens taken	8	12
10. VISITS FOR OFFENSIVE TRADES	40	25
11. VISITS <i>re</i> RAG FLOCK AND OTHER FILLING MATERIALS ACT	6	12
12. VISITS TO WORKPLACES	6	11
13. VISITS <i>re</i> RATS AND MICE INFESTATION	77	85
14. VISITS <i>re</i> VERMIN		
(a) Private houses	3,833	3,922
(b) Corporation houses	4,080	5,539
(c) Other premises	99	58
15. VISITS TO COMMON LODGING HOUSES	28	32
16. VISITS TO HOUSES IN MULTIPLE OCCUPATION	2,902	2,712
17. NO. OF DEPOSITED PLANS EXAMINED	4,370	4,659
18. DISEASES OF ANIMALS ACTS		
(a) No. of visits	336	217
(b) No. of licences issued	1	3

	1963	1964
19. VISITS TO PET SHOPS	61	56
20. NO. OF PROSECUTIONS TAKEN	33	35
21. NO. OF ATTENDANCES AT COURT	46	25
22. NO. OF MISCELLANEOUS LETTERS	8,814	8,740
23. NO. OF MISCELLANEOUS VISITS	9,338	8,340
24. VISITS <i>re</i> WATER SUPPLIES (other than Corporation mains supplies)	15	22
25. VISITS TO BATHING POOLS	108	70
No. of samples to Public Health Laboratory ...	113	105
No. of orthotolidine tests by public health inspectors	46	68
26. VISITS <i>re</i> CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960,... ..	62	46
27. VISITS <i>re</i> NOISE NUISANCE	52	33
28. <i>Re</i> PROPERTIES, ETC.—No. of Town Clerk's property enquiries dealt with	8,523	9,372
29. PUBLIC HEALTH ACT, 1936—Section 23		
(a) No. of public sewers cleansed	292	283
(b) No. of houses affected	1,069	1,053

Defects remedied as the result of informal and statutory notices:—

PUBLIC HEALTH ACT, 1936

Section 24. Public sewers	1
Section 39. Private sewers	5
Cesspools	4
Drains	304
Soilpipes	20
Rainwater pipes	133
Eaves spouts	453
Sinks	69
Sinkwaste pipes	139
Section 44. Additional waterclosets provided	11
Section 45. Waterclosets repaired	830
Section 56. Paving of courts, yards, passages	145
Section 83. Filthy and verminous premises	73
Section 93. Roofs	845
Chimneys and flues	123
Doors	237
Windows	557
Floors	202
Wallplaster	353
Ceiling plaster	429
Staircases	52
Fireplaces	133
Damp walls	671
Accumulations or deposits	143

SHEFFIELD CORPORATION ACT, 1937

Section 52. Choked drains cleansed	336
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PUBLIC HEALTH ACT, 1961

Section 22. Choked drains cleansed	292
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PUBLIC HEALTH ACT, 1936

Section 23. Public sewers cleansed	283
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Sewerage and Sewage Disposal.—A brief account is given below of the arrangements for sewerage and sewage disposal in the City, based upon information supplied by the City Engineer and the General Manager of the Sewage Disposal Works:—

“Expenditure on Sewerage Capital Works for the year ending 31st March, 1965, is estimated at £82,000. A further £25,000 will have been spent on Revenue Works. The work of culverting the Meersbrook has now been completed so that the stream is now enclosed from its junction with the river Sheaf upstream as far as Northcote Avenue. The work of submitting applications to the Yorkshire Ouse River Board for consents under Section 1 of the Rivers (Prevention of Pollution) Act, 1961, has just been completed. The number of storm water overflows concerned was 200. The City generally can be said to be adequately sewered although some of the older main sewers are below the desired capacity.”

“The sewage purification system is reasonably adequate. The Blackburn Meadows Sewage Works Reconstruction Scheme proceeds steadily and the second phase is ready to commission. Further attention has been given to the problem of sludge disposal and a scheme is in preparation for incineration of this waste material. At the district works of Coisley Hill and Woodhouse Mill recent housing development in the areas draining to these works is overloading the purification system, and it will soon be necessary to carry out more extensive works to increase the capacity of the two plants. Such developments are bound up with the extension of the City boundaries on the south eastern side and it would be unwise to proceed with any extension work until a decision has been reached on this matter. This decision is still awaited.”

Sanitary Accommodation.—Some dwellinghouses, mostly in outlying parts of the City are still without waterclosets, because it is not practicable to convert the existing privies or pail closets, there being no sewer available within a reasonable distance. During the year, nine pail closets and one privy were abolished and replaced with waterclosets. In addition, one privy was abolished when the house it served was demolished. Some houses in the City are still without separate watercloset accommodation, but the majority of these are included in clearance programmes and for this reason the provision of additional closets has not been enforced. The number of houses without separate waterclosets is rapidly diminishing and only a few houses not included in clearance programmes are in this position. New legislation empowering local authorities to enforce the improvement of rented property may well help in finally resolving this problem.

Many of the houses in the City are over 40 years old and the majority of these still have outside waterclosets. There is little doubt that the day of the watercloset planted like a monument in an open yard, so that every visit can be watched and remarked upon is over; action to replace this with an inside watercloset conferring reasonable privacy in its use should command general approval and the active support of all.

Choked Drains and Public Sewers.—Section 52 of the Sheffield Corporation Act, 1937, authorises the Council to cleanse private drains in default, if the defect has not been remedied within 24 hours from the date of service of the notice. This procedure ensures the cleansing of drains in a relatively short period of time by the owner or by the Department. Following the service of notices under this Section, 225 drains were cleansed by the Department, in default, and 111 drains were cleansed by owners.

The Department also undertakes, under certain circumstances, the cleansing of public sewers without charge and 283 such cases were dealt with during the year.

Under the provisions of Section 22 of the Public Health Act, 1961, the Council may, on the application of an owner or occupier of any premises, undertake the cleansing or repair of any drains, waterclosets, sinks or gullies connected with the premises. A reasonable charge may be made to the applicants for carrying out these works. During the year 292 requests were dealt with.

Rehousing of Priority Cases.—During the year 593 applications were received for priority rehousing. These came from doctors, hospitals, social workers, church organisations and private individuals—some were from other Corporation Departments, including the Housing Department, from Members of the Council and Members of Parliament.

These cases were concerned with old age, infirmity and various conditions such as nervous and mental disorders, rheumatism, epilepsy, cancer, poliomyelitis, heart disease, blindness, respiratory infections, limb amputations and post operative complications; there were also some in respect of overcrowding, unsatisfactory housing conditions, family hardship and conditions of domestic disturbance.

Each case received careful consideration and, although many were very deserving, it was possible to recommend only the most serious, a total of 156, and these were referred to the Housing Committee for their deliberation.

All cases were, in the first instance, investigated by a public health inspector, and those referred to the Housing Committee were visited by the Medical Officer of Health and a Superintendent Public Health Inspector.

Thanks are expressed for the assistance of the Housing Committee and the Housing Manager in dealing with these cases.

During the past 11 years, 6,015 applications for priority rehousing have been received and, of these, 1,359 were referred to the Housing Committee.

Houses in Multiple Occupation.—Enforcement of the limited powers under the Housing Act, 1961, continued until August when the Housing Act, 1964, became law and gave additional powers and amended the 1961 Act. The representations put forward by Sheffield and other authorities for stronger sanctions against bad landlords and the closing of 'loop-holes' in the Act of 1961 had borne fruit.

Courts may now impose heavy penalties as an alternative to 'works in default' where notices under Sections 15 and 16 were not complied with. Where 'works in default' are executed the charge is now 'on the premises' and not on the 'person' as laid down in the previous Act which makes it possible for authorities to recoup themselves by collecting rents. The power given to local authorities to make a scheme to compile and maintain a register of houses in multiple occupation became operative. Local authorities were given additional powers whereby they can now make a 'Control Order' if a notice has been served or the house is in such condition as to warrant the service of a notice *and* if it appears to the local authority that such an Order is necessary in order to protect the safety, welfare, or health of persons living in the house. The Order is effective from the time that it is made and the local authority shall then take over full management of the house for a period of five years.

Experience shows that some landlords, to evade their responsibilities when notices requiring works have been served, give some or all the tenants notice to quit, and so render the notices null and void. In spite of strong representations by the Council through its Members of Parliament in debate in the House and in Committee, Sheffield was not successful in getting the Bill amended to close this gap and provide that when notices have been served on the owner, the tenants automatically receive a period of security of tenure. However, the Protection from Eviction Act introduced later in the year did much to meet the needs in this respect.

There was inevitable delay in enforcement of the new Act provisions, whilst procedures and forms of notice were revised. The new provisions also involved re-service of notices served under the 1961 Act which had not

been complied with at the time of the passing of the 1964 Act. Towards the end of the year the City Council, in accordance with Section 22 of the 1961 Act, as amended by the 1964 Act, submitted to the Minister for his confirmation a scheme for registration of houses in multiple occupation.

The following is a summary of action taken during the year:—

Total visits	...	...	...	...	...	...	...	...	...	...	3,062
Notices of intention to make a Management Order	...	...	...	...	...	...	...	...	...	...	35
Management Orders made and served (Section 12)	...	...	...	...	...	...	...	...	...	...	39
Management Orders revoked	...	...	...	...	...	...	...	...	...	...	3
Proceedings in respect of bad management (Section 13(4))	...	...	...	...	...	...	...	...	...	...	3
Notices requiring amenities (Section 15)	...	...	...	...	...	...	...	...	...	...	65
Notices requiring means of escape from fire (Section 16)	...	...	...	...	...	...	...	...	...	...	63

During the year work was completed in 37 houses, and in progress in a further 46. The number of houses ceasing to be in multiple occupation after inspection numbered 53.

Protection from Eviction Act, 1964.—The paragraph on houses in multiple occupation above, indicates that the work was not only impeded by owners giving notice to quit, but must inevitably have caused hardship to many families. The local authority could only advise these unfortunate people to ‘sit tight’ until the owner sought an Order from the Courts usually giving possession to the owner in one month.

The new Act provides that a landlord cannot evict a tenant without first getting a Court Order, and the Court, in giving possession, may give a period of grace to the tenant up to twelve months and lay down conditions about rent. These provisions should do much to relieve the decontrolled tenant of the extreme anxiety which follows a ‘notice to quit’ and give time for the local authority to carry out enforcement action in respect of a house in multiple occupation before the occupancy is reduced. This could, of course, in some cases nullify the owners’ reason for getting possession.

Common Lodging Houses:—There are two common lodging houses in use in the City, one at Attercliffe and one at Brook Hill. They provide accommodation for male lodgers only and accommodate 15 and 18 lodgers respectively.

The premises are visited by the police, registration and supervision is carried out by the licensing section of the Town Clerk’s Department, and public health inspectors make fairly frequent visits to ensure that the environmental requirements of the Public Health Acts and Common Lodging House Byelaws are being complied with.

Caravans.—All sites were visited during the year to ascertain that conditions laid down in the licences issued under the Caravan Sites and Control of Development Act, 1960, were complied with.

A site for five residential and twelve weekend and holiday caravans, on the rural outskirts of the City, was re-licensed with conditions until 31st December, 1965. A conditional licence was granted for a single caravan to be sited on a sports ground; before the year end this had moved off. After a Public Inquiry the Minister upheld the decision of the Peak Park Planning Board to refuse renewal of planning consent in respect of a site for nine caravans (weekends and holidays only), the site being in an “area of high amenity and visited by many people seeking a countryside outing”. The site owner has since been warned that if the caravans are again occupied, legal proceedings will be instituted for contravention of Section 1 of the Act—i.e. permitting land to be used as a caravan site whilst not the holder of a site licence granted by the local authority. The owner of a licensed site for 30 caravans (weekends and holidays only) where the conditions laid down in the licence have not been complied with, after repeated warnings, is now preparing detailed plans for submission to the City Engineer for byelaw and town planning approval and has given notice to quit to some 20 owners of fixed huts used for a purpose similar to the caravans.

Canal Boats.—The canal boats inspectors made 55 inspections of boats and paid 102 visits to the canal during the year, the object being to ensure that there was compliance with the requirements of the Public Health Act, 1936, and the Canal Boats Regulations.

There were altogether 82 persons living on board the boats at the time of the inspections, 81 being over 15 years of age, and of these all except one were males. There was one child between the age of 5 and 15 years.

The average number of occupants per boat was 1·49. No canal boats were registered in the City during the year.

There were 34 infringements relating to 22 inspections of boats; it was not found necessary to institute any legal proceedings during the year.

There were two notices served relating to infringements. A number of verbal notices were given to Masters who promised compliance, and 15 letters were sent to owners regarding infringements.

There were no cases of infectious disease upon any of the canal boats in the City and it was not found necessary to detain any boats for cleansing or disinfection.

Shops Act, 1950, Section 38.—As a result of action taken under this Section during the year, a total of five premises was dealt with in respect of ventilation and heating.

Offices, Shops and Railway Premises Act, 1963:—Results of action under this Act are set out on page 172

Improvement Grants.—Applications continued to be made, principally by owner-occupiers, for both discretionary and standard grants. From the introduction of improvement grants in 1950 up to the end of December 1964, the position was as follows:—

<i>No. of Enquiries</i>	<i>Formal Applications received</i>	<i>Applications approved</i>	<i>No. of Grants paid</i>	<i>Amount of Grants paid</i>
<i>Discretionary Grants</i>				
3,567	730	685	598	£158,476
<i>Standard Grants</i>				
7,321	3,356	2,867	2,042	£231,685
<u>10,888</u>	<u>4,086</u>	<u>3,552</u>	<u>2,640</u>	<u>£390,161</u>

In September the Minister of Housing and Local Government issued Circular 53/64 with regard to the new powers given to local authorities “to require the improvement of tenanted dwellings under certain circumstances”, and to “make changes in the schemes of discretionary and standard grants”. These powers were included in the Housing Act, 1964. The Circular makes it clear that in dealing with areas for improvement, consideration should be given not only to providing amenities in individual houses, but also for the improvement of the area as part of the process of urban renewal. Local authorities should, therefore, consider improving the quality of the environment—e.g. the provision of new street furniture, tree planting, more parking facilities and better open spaces.

It is hoped that a start may be made in certain areas during 1965.

Deposited Plans.—4,659 plans and applications submitted to the City Engineer for building byelaw and town planning approval were examined by senior public health inspectors before submission to the appropriate Committee and comments made, where necessary, to ensure compliance with relevant legislation administered in the Public Health Department.

Prior approval of such premises as factories, shops, offices, food manufacturing premises, etc., is important in making developers aware of other legal requirements in addition to those arising directly as a result of their application. The system ensures that new premises are in compliance in all respects when completed.

All concerned appreciate the close liaison between Departments.

Disinfestation.—The Public Health Act, 1936, as amended by the Public Health Act, 1961, enables a local authority to secure the cleansing and disinfection of premises reported by their officers as being in a filthy or unwholesome condition or verminous.

The Public Health Act, 1936, requires a local authority to carry out, at their own expense, the cleansing, purification, disinfection or destruction of any article in any premises which the Medical Officer of Health or public health inspector certifies is in so filthy a condition as to render its cleansing, purification or destruction necessary to prevent injury to the health of any persons in the premises, or is verminous, or by reason of its having been used by, or having been in contact with, any verminous person, is likely to be verminous.

The disinfestation service provides for the eradication of insect pests, viz:—bugs, fleas, cockroaches, beetles, crickets, silver fish, steam flies and other insects.

Details regarding work carried out at Osgathorpe Disinfecting Station are given on page 175.

Tenancy transfers and re-housing—Houses inspected for vermin on behalf of the Housing Department:—

	1963	1964
<i>Corporation and Private houses inside the City</i>		
Houses inspected by the public health inspectors	5,559	5,748
Houses found to be verminous and sprayed with D.D.T. ...	200	149
Corporation houses sprayed with D.D.T. prior to tenant moving in	290	178
<i>Corporation houses only outside the City:—</i>		
Houses inspected by public health inspectors	369	338
Houses found to be verminous	1	2

Offensive Trades.—There are 18 premises in the City used for the purpose of offensive trades.

The following is a list of the number of premises used for the various offensive trades :—

Tripe boiling	4
Fat melting and tripe boiling	3
Rag collecting and sorting	6
Fat and bone collecting	1
Bone boiling	1
Gut scraping	1
Fat melting and extracting, blood boiling and drying and bone boiling	1
Rabbit skin dealing	1

Pet Animals Act, 1951.—Under the provisions of this Act, which is to regulate the sale of pet animals, licences are issued by the local authority to persons keeping pet shops. Previous to granting a licence the opinion of the Chief Fire Officer as to security of the premises against fire is obtained, also the R.S.P.C.A., whose assistance is hereby acknowledged.

During the year 29 licences were granted and four premises ceased business as pet shops.

Rag Flock and Other Filling Materials Act, 1951.—The purpose of this Act is to secure the use of clean filling materials in upholstery, bedding, toys etc. by imposing controls at the following stages: (i) the manufacture of the filling materials; (ii) its storage; (iii) its sale; (iv) its use for filling upholstery, etc., and (v) the sale of the completed article.

At the end of the year, there were 15 premises registered under Section 2 for the use of filling materials specified in the Act, but no licences have been issued in respect of premises for the manufacture or storage of rag flock.

Visits were made to these premises during the year to ensure compliance with the Act.

Rent Act, 1957.—During the year there were only two applications from tenants for Certificates of Disrepair and four Certificates were issued.

The following statement gives particulars of the work done since the inception of the Act in 1957 until 31st December, 1964.

Applications on Form I received from tenants	...	...	...	...	...	2,866
Undertakings on Form K received from landlords	...	...	...	...	...	1,909
Certificates of Disrepair issued to tenants	...	...	...	...	...	902
Applications for Certificates of Disrepair withdrawn by tenants	...	...	...	...	...	37
Applications for Certificates of Disrepair refused by local authority	...	...	...	...	...	12
Applications from landlords for cancellation of Certificates of Disrepair	...	...	...	...	...	482
Objections to cancellation received from tenants	...	...	...	...	...	171
Objections upheld	...	...	...	...	...	133
Certificates cancelled	...	...	...	...	...	345

Up to 31st December, 1964, applications for Certificates that defects listed in an Undertaking on Form K had been remedied (or not remedied) are as follows:—

Applications received from landlords	...	...	...	...	...	158
Certificates granted to landlords	...	...	...	...	...	158
Applications received from tenants	...	...	...	...	...	161
Certificates granted to tenants (Note—2 applications from tenants withdrawn)	...	...	...	...	...	159

Public Swimming Baths.—Corporation Street indoor public bath has now closed and there remain nine indoor public swimming baths, two indoor school swimming baths, a university swimming bath, and two open air baths in the public parks. Proposals for a new indoor bath within the City centre redevelopment has reached detailed plans stage.

All are equipped for closed circuit continuous filtration, together with breakpoint chlorination, apart from one extremely large swimming bath in a public park. The latter has, from time to time, presented problems, particularly in respect of algal growth which affects the clarity of the bath water. Maintaining a high chlorine content has done much to obviate this trouble. The interior surfaces of the bath have been painted a light colour, and a suction cleaner has been provided to keep the bottom clear of debris. These, together with a newly erected observation tower, manned by a member of the staff when the bath is in use, are precautions taken to ensure that this bath, popular during the warm weather, is made as safe as possible until such time as it can be re-constructed to reasonable dimensions.

Public health inspectors made 70 visits to baths during the year, carried out 68 orthotolidine tests on the spot, and submitted 105 samples of bath water to the Public Health Laboratory for examination for B.Coli, chlorine content and pH value. Of these, five samples were found to be unsatisfactory, containing B.Coli (Type 1). Investigation revealed that on each occasion the chlorine cylinder had not been renewed when empty. The human element in an otherwise automatic system had failed. Follow up samples were satisfactory in each instance. Baths managers continue to take samples twice daily for chlorine content and pH value.

Factories.—The City Council is required to keep a register of factories, and this contains particulars of 122 factories where no mechanical power is used and 2,571 factories with mechanical power. As well as keeping such a register, the Council also has the responsibility to carry out the provisions of Sections 1, 2, 3, 4 and 6 of the Act with regard to cleanliness, overcrowding, securing and maintaining reasonable temperatures, ventilation, drainage of floors and sanitary conveniences in factories which have no mechanical power. In the case of factories where mechanical power is used, and in Sheffield this is the great majority, it is the duty of the Council to enforce the provision and maintenance of suitable and sufficient sanitary conveniences.

The following table gives particulars which are required by Section 153(1) of the Factories Act, 1961, an analysis of the defects which were found and the action taken.

TABLE XIV.—Inspections under the Factories Act, 1961

1. Inspections for purposes of provisions as to health.

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	122	10	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	2,571	401	60	—
(iii) Other premises in which Section 7 is enforced by the local authority (excluding out-workers' premises)	49	13	—	—
TOTALS	2,742	424	62	—

2. Cases in which defects were found.

Particulars	Number of cases in which defects were				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	1	2	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	2	1	—	1	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7)—					
(a) Insufficient ...	7	3	—	3	—
(b) Unsuitable or defective ...	71	59	—	10	—
(c) Not separate for sexes ...	1	—	—	1	—
Other offences under the Act (not including offences relating to outwork)...	—	—	—	—	—
TOTALS ...	82	65	—	16	—

In addition to the factories registered there were other premises in which Section 7, relating to the provision of sufficient and suitable sanitary conveniences and their maintenance, is enforced. These consist mainly of sites where building and engineering construction is proceeding.

Outworkers.—In the case of persons employed in certain classes of work as specified by the Secretary of State, the occupier of every factory and every contractor employed by such occupier, are required by Part VIII of the Factories Act, 1961, to send to the Council twice yearly, lists of names

and addresses of persons employed by them in the business of the factory, outside the factory. During the year there were 35 such cases notified, and these were visited by the public health inspectors to ascertain if the conditions under which such outwork is done satisfied the requirements of the Act and Regulations.

Diseases of Animals Act (Non-Veterinary Functions).—The non-veterinary duties imposed on the local authority by the above Act and the many Orders made thereunder are carried out in Sheffield by the public health inspectors who are all authorised to carry out such duties. During the year 217 visits were made for this purpose.

Regulation of Movement of Swine Order, 1959.—This order requires that all swine exposed for sale at markets are subject to detention and isolation for a period of 28 days after leaving the market. Licences for permitted movement of any such swine to a slaughterhouse are issued by public health inspectors at the Sheffield Corporation abattoir. Systematic re-visiting of premises other than the abattoir to which swine are moved under licence is carried out by district public health inspectors to ensure that the requirements of the Order are observed.

Transit of Animals Order.—The local authority is required by the above Order to ensure that vehicles used for transporting animals to the Corporation abattoir are maintained in such condition as to comply with the requirements of the Order, and are cleansed and disinfected after being used for carrying animals and before being used for this purpose again. Facilities for such cleansing and disinfection are provided by the Corporation at the abattoir. During the year, 1,736 vehicles were cleansed and disinfected at the abattoir under the provisions of this Order, an increase of 284 over the previous year.

Swine Fever (Infected Areas Restrictions) Order, 1956-1958.—There were nine cases of suspected swine fever reported to the Ministry of Agriculture, Fisheries and Food during the year, including six cases at the Corporation abattoir; two of the cases were confirmed. During the year 279 movement licences were issued at the abattoir under the provisions of the above Order. In addition three movement licences were issued by public health inspectors at the offices in Town Hall Chambers.

During the year, Sheffield was included in one Special Order made by the Minister under the above Order.

Anthrax Order.—One case of suspected anthrax was reported during December, 1964, involving a bull carcass. The case was confirmed by the Ministry of Agriculture, Fisheries and Food, and the carcass was removed

and burned at the Sheffield Corporation Destructor at Penistone Road by arrangement with the Cleansing Superintendent. Disinfection of the shed, paths, manure and fodder was carried out on the site by the Public Health Department and all vehicles, tools and protective clothing and that part of the destructor premises involved were disinfected at the completion of the operation under the supervision of a public health inspector.

Foot-and-Mouth Disease.—There were no suspected or confirmed cases of foot-and-mouth disease during the year and Sheffield was not included in any areas subject to control by Special Orders made by the Minister on account of this disease.

Fowl Pest.—There were no cases of fowl pest in the City during the year, nor was Sheffield included in any Fowl Pest Special Orders made by the Minister during that period.

Warble Fly (Dressing of Cattle) Order, 1948.—The above Order was revoked during the year by the Warble Fly (Dressing of Cattle) (Revocation) Order, 1964, the Ministry being now of the opinion that this problem may be better dealt with by educating farmers in the use of new methods of treatment.

Diseases of Animals (Waste Foods) Order, 1957.—This Order requires that collectors, apart from local authorities, of substantial quantities of waste foods must obtain a licence authorising them to use an approved plant for boiling waste food intended for feeding certain animals or poultry.

One licence was granted during the year. At 31st December, 1964, there were 70 licence holders in the City.

FOOD HYGIENE

Inspection of premises used for the manufacture, preparation, handling and sale of food is an important duty carried out for the local authority by the public health inspectors and the regular visiting of these premises is essential in order to ensure a high standard of hygiene. It is, however, unfortunately true, that such regular visits are not achieved by reason of continued staff shortages.

Many food firms, however, set themselves a high standard and example to others and help in the general aim of publicising the necessity for clean handling of food. Superintendent public health inspectors continue to give talks to people engaged in the food trade and to voluntary organisations, the latter consisting mainly of women members, on the subject of food hygiene in the trade and in the home.

Cafes, snack bars and restaurants continue to be well patronised and more restaurants are being established. In addition, more hotel accommodation is being provided. The necessity to maintain a high standard of hygiene in food handling becomes more and more important having regard to these changes in the City, and that the number of visitors to the City is steadily increasing for a variety of reasons.

During the year, a complaint was received from a member of the public that a dog had been taken into a food self-service shop in the City, that the dog was not on a lead, that it was large, shaggy and dirty and that it left evidence of its presence in the shop. This raised again a problem which has existed for a long time in various forms, and a problem which is made more difficult by the Englishman's traditional fondness for pets. If the dangers to health which can arise from pets, even those enjoying the greatest care by their owners, were known and accepted, then much more would be done by these owners to avoid the possibility of contamination of food premises.

FOOD AND DRUGS ACT, 1955—SECTION 16

Fish Friers' Premises.—At the end of the year there were 358 premises registered for fish frying in the City. During the year, 26 new applications were received and after investigation registration was granted in each case. Six premises ceased to be used for fish frying.

Food Preparation or Manufacture.—During the year five premises were registered under this heading and three premises ceased to be used for the purpose for which they had been registered. At the end of 1964, there were 206 registered premises.

Ice-Cream—Sale, Manufacture, etc.—During the year 15 premises were registered for the sale only of ice-cream and one premises was registered for the manufacture for sale or sale of ice cream. Five premises ceased to be used for the purpose for which they had been registered, viz. the sale only of ice cream. At the end of 1964 there was a total of 30 premises registered for the manufacture or sale of ice cream and 1,534 premises registered for the sale only of ice cream.

FOOD AND DRUGS ACT, 1955

The Milk or Dairies (General) Regulations, 1959

The Milk (Special Designation) Regulations, 1963

The above legislation requires a local authority to issue dealers' licences to persons engaged in the sale of milk under the authorised special designations, also to keep a register of persons engaged in the distribution of milk and to keep a register of dairies.

At the 31st December, 1964, the total numbers on the register were as follows:—

Milk distributors	...	...	...	...	...	...	...	...	...	978
Dairy premises	...	...	...	...	...	...	...	...	...	64

During the year the following changes were recorded:—

Milk distributors, new registrations	...	...	...	...	...	...	...	...	41
Milk distributors who have ceased business and have been removed from the register	...	...	...	...	...	...	...	...	40
Dairy premises registered	...	...	...	...	...	...	...	...	—
Dairy premises removed from the register	...	...	...	...	...	...	...	...	1

At the 31st December, 1964, the following licences were granted:—

Dealers' (pre-packed milk) Licences:—

"Pasteurised"	...	...	...	...	...	...	...	...	105
"Sterilised"	...	...	...	...	...	...	...	...	499
"Pasteurised" and "Sterilised"	...	...	...	...	...	...	...	...	281
"Tuberculin Tested" and "Pasteurised"	...	...	...	...	...	...	...	...	210
"Tuberculin Tested", "Pasteurised" and "Sterilised"	...	...	...	...	...	...	...	...	219
"Sterilised" and "Tuberculin Tested"	...	...	...	...	...	...	...	...	2
"Tuberculin Tested"	...	...	...	...	...	...	...	...	2
*"Untreated, Pasteurised and Sterilised"	...	...	...	...	...	...	...	...	3
Dealer's Steriliser's Licence	...	...	...	...	...	...	...	...	1
Dealer's Pasteuriser's Licences	...	...	...	...	...	...	...	...	4
TOTAL									1,326

*Since 1st October, 1964, "Untreated" replaces "Tuberculin Tested" as the description for raw milk and these licences were issued at the end of the year under review.

WATER SUPPLY

“Water, taken in moderation, cannot hurt anybody.”

—Mark Twain.

Premises Without Mains Water.—It has been shown in previous Annual Reports that the Council's policy of providing a supply of water from the City mains where practicable to every house in the City was nearing completion. During 1964, it was found that the number of houses known to be without such a supply was six, this number having been reduced by premises ceasing to be used for living purposes etc. In these cases, the provision of a supply is difficult and involves considerable work, but the circumstances continue to be kept under review.

The following report has been furnished by the General Manager and Engineer of the Sheffield Corporation Waterworks, whose continued co-operation is much appreciated:—

“The water supply provided by the Corporation to the City and district has been satisfactory in quality and in quantity throughout the year. A direct piped supply is furnished to a population of 490,930 in 167,229 dwelling houses.

The water supplied to Sheffield is derived from moorland gathering grounds within a radius of 15 miles of the City centre. It is filtered and chlorinated at source, and requires the addition of lime to prevent plumbo-solvent action. Average results of chemical analyses of raw and treated waters are shown in the tables which follow; a summary of the results of bacteriological examination of raw and treated waters is also shown.

There were 167 samples taken from consumers' taps and these were examined for lead; 167 (100%) contained no lead.

As a first line of defence before treatment, the Undertaking exercises sanitary control over the entire watershed, by prohibiting developments which might contaminate the reservoir feeders, and by removing or sterilising night soil from every dwelling on the gathering grounds.”

TABLE XV.—Average Analyses of Raw Waters Received at Filter Stations

Filter Station	Redmires	Rivelin	Bradfield (Dale Dike)	Bradfield (Agden)	More Hall	Langsett
Physical Characteristics						
Colour (Hazen) ...	Under 5	17	16	26	40	34
Turbidity (p.p.m.) ...	1·7	8·6	9·5	12	21	19
pH Value ...	6·5	6·1	4·5	4·8	4·2	3·9
		parts per million (mg./litre)				
Chemical Analysis						
Alkalinity (CaCO ₃) ...	5	5	Nil	Nil	Nil	Nil
Chloride (Cl) ...	12	12	14	14	14	15
Ammoniacal N. ...	0·17	0·10	0·11	0·23	0·23	0·29
Albuminoid N. ...	0·04	0·05	0·04	0·05	0·07	0·08
Nitrite N. ...	Nil	Nil	Nil	Nil	Nil	Nil
Nitrate N. ...	0·45	0·6	0·6	0·7	0·7	0·9
Oxygen absorbed; 4 hrs. at 80°F. ...	0·6	1·2	0·9	1·4	1·9	1·8
Temporary hardness ...	5	5	Nil	Nil	Nil	Nil
Permanent hardness ...	36	29	42	34	33	28
Total hardness ...	41	34	42	34	33	28
Total solids ...	89	80	89	83	88	83
Iron (Fe) ...	0·11	0·17	0·28	0·33	0·41	0·45
Manganese (Mn) ...	0·27	0·15	0·42	0·22	0·19	0·29
Aluminium (Al) ...	0·06	0·25	0·85	0·44	0·49	0·90
Fluoride (F) ...	0·1	0·1	0·1	0·1	0·1	0·1

TABLE XVI.—Average Analyses of Fully Treated Waters

Filter Station	Redmires	Rivelin	Bradfield	More Hall	Langsett
Physical Characteristics ...					
Colour (Hazen) ...	Under 5	Under 5	Under 5	5	15
Turbidity (p.p.m.) ...	1·0	2·1	1·5	3·4	4·3
pH Value ...	9·1	9·2	9·0	9·5	9·2
		parts per million (mg./litre)			
Chemical analysis					
Alkalinity (CaCO ₃) ...	10	11	9	11	14
Chloride (Cl.) ...	12	12	14	14	15
Ammoniacal N. ...	0·16	0·07	0·09	0·18	0·19
Albuminoid N. ...	0·02	0·04	0·03	0·04	0·06
Nitrite N. ...	Nil	Nil	Nil	Nil	Nil
Nitrate N. ...	0·45	0·7	0·8	0·7	0·8
Oxygen absorbed; 4 hrs. at 80°F. ...	0·4	0·7	0·4	0·7	1·1
Temporary hardness ...	10	11	9	11	14
Permanent hardness ...	37	29	39	31	34
Total hardness ...	47	40	48	42	48
Residual chlorine ...	0·3	0·25	0·35	0·5	0·5
Total solids ...	88	88	97	91	99
Iron (Fe) ...	0·08	0·10	0·08	0·11	0·21
Manganese (Mn) ...	0·12	0·14	0·26	0·13	0·24
Aluminium (Al) ...	0·07	0·12	0·19	0·25	0·72
Fluoride (F) ...	0·1	0·1	0·1	0·1	0·1

TABLE XVII.—Summary of Results of Bacteriological Examinations

Source of Sample	Number Examined	Number free from coliform organisms	Number free from E. Coli, Type I
Raw waters 	344	159 (46·2%)	176 (51·2%)
Waters entering supply	261	252 (96·6%)	257 (98·5%)
Consumers' taps ...	920	901 (97·9%)	911 (99·0%)

RODENT CONTROL AND REDUCTION OF PIGEONS

*“But now that I’m perfectly sure I have none,
Why, I do it again and again”.*

—Lewis Carroll (Alice in Wonderland).

Sewer Disinfestation.—Over the past years it has been the practice to carry out rodent control in sewers by baiting the manholes on two occasions with sausage rusk or pinhead oatmeal, and then laying down zinc phosphide or arsenious oxide. An interval of one day is allowed between each baiting and the poisoning. Employing this method the sewers in the built up area of the City were treated twice in each period of twelve months and those in the outlying areas received one pilot or test treatment. In this pilot test one in every ten of the sewer manholes is pre-baited and, where any show evidence of infestation, treatment by pre-baiting and then poisoning of the infested manholes and associated manholes is carried out.

This type of treatment was continued until the 14th March and during this time 2,708 manholes were baited and 423 partial or complete takes were recorded.

In March the Department commenced the newer method of direct poisoning in sewers, recommended by the Ministry of Agriculture, Fisheries and Food using fluoroacetamide with a suitable bait and a bait preservative, the mixture being applied direct to the sewer manholes without any pre-baiting. In this method the aim is to apply the poison-bait to all manholes in the area in as short a time as possible so that the whole area is under poison at the same time; the process is then repeated immediately after the first treatment. A test-bait is then applied to all manholes and the takes of bait are recorded. The manholes showing takes of bait along with associated manholes are poisoned three times at intervals of three months; three months later every manhole is test-baited and the previous cycle continued as may be found necessary.

In order to carry out this new method of treatment the built-up area of the City was divided into 60 sections with approximately 75 sewer manholes in each; during the first treatment it was found that many manhole covers were defective or immovable and these were referred to the City Engineer for attention.

During the year five maintenance treatments were carried out, fluoroacetamide being used at a strength of 2% with sausage rusk and pinhead oatmeal as bait, and with para-nitrophenol as a bait preservative, and the following is a summary of the treatments:—

	<i>First poisoning</i>	<i>Second poisoning</i>	<i>Test bait</i>	<i>First re-poisoning</i>	<i>Second re-poisoning</i>	<i>Third re-poisoning</i>
Approximate number of manholes in system (4486)						
Number of manholes baited	3,887	4,216	4,160	484	484	490
Number of manholes showing takes ...	292	186	165	105	68	—*

*The number of takes at the third re-poisoning cannot be ascertained until the manhole covers are lifted early in 1965 when a further test bait will be applied to all the manholes but it was noted that nineteen sections of the system containing some 1,423 manholes were found to be free from rodent infestation.

A pilot test was carried out in connection with the sewers in the out-lying areas; one in every ten of sewer manholes was test-baited and 18 takes were recorded in the 806 manholes tested; direct poisoning with fluoroacetamide was effected through the infested manholes and associated manholes. These totalled 184.

River and Watercourse Disinfestation.—The number of baiting points laid in manholes, river culverts and on river banks totalled 4,331 and the estimated number of rats killed 5,077.

Details of the work carried out during the year in connection with the disinfestation of rivers and watercourses are given in the statement below.

Part of 34th Maintenance Treatment—Year 1964

<i>Areas treated</i>	<i>Number of baiting points laid</i>	<i>Number of complete and partial 'takes' recorded</i>	<i>Estimated number of rats killed</i>
Chapel Flat Dyke and Don Goyt	253	48	70

35th Maintenance Treatment—Year 1964

<i>Areas treated</i>	<i>Number of baiting points laid</i>	<i>Number of complete and partial 'takes' recorded</i>	<i>Estimated number of rats killed</i>
Length of rivers: Don, Don Goyt, Sheaf, Porter, Loxley, Old Hay Brook, Chapel Flat Dyke, Bagley Brook, Shirtcliffe Brook Meersbrook, Carr Brook and Frazer Brook	2,578	402	3,004

Part of 36th Maintenance Treatment—Year 1964

<i>Areas treated</i>	<i>Number of baiting points laid</i>	<i>Number of complete and partial 'takes' recorded</i>	<i>Estimated number of rats killed</i>
Lengths of rivers: Don, Don Goyt, Sheaf and Loxley ...	1,500	259	2,003

The services of the rodent operatives have been made available to owners and occupiers of infested premises without charge insofar as domestic premises are concerned. Charges concerning business premises remain unaltered.

Applications and enquiries dealt with by the Rodent Control Service in the years 1962-1964 are given below, together with the numbers of baiting points positioned and the estimated numbers of rats and mice exterminated.

	<i>Year</i> 1962	<i>Year</i> 1963	<i>Year</i> 1964
Number of applications and enquiries dealt with (rat infestation)	1,466	1,460	1,791
Number of applications and enquiries dealt with (mice infestation)	827	798	972
Approximate number of baiting points laid ...	37,312	32,861	32,358
Estimated number of rats exterminated	13,957	10,508	12,198
Estimated number of mice exterminated	25,637	20,487	19,287
Visits by rodent operatives <i>re</i> complaints of rats and mice	11,440	10,809	12,470

Pigeon Control.—Efforts to reduce the number of pigeons have been vigorously pursued and during the year, 1,589 were destroyed making a total of 6,326 since the service was commenced.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

By G. ROBINSON, D.P.A., F.A.P.H.I.

*"If we had no faults of our own, we would take less pleasure
in noticing the faults of others"*

La Rochefoucauld (Maximes).

The Sheffield City Council allocated responsibility for the general duties under the above Act to the Health Committee and in the case of those duties included under fire prevention, to the Fire Brigade Committee.

Mr. Richardson, the Deputy Superintending Inspector of Factories, appointed by the Minister as liaison officer for that region which includes the City of Sheffield, was present at a conference at the Town Hall, Sheffield, prior to the coming into operation of the Act, and the basis for an effective liaison between the local authority officers and the factory inspectorate was established.

It was clear at the meeting and at later stages, that regular contacts would be necessary between local authority officers and Mr. Richardson. Notifications of employment received by the different authorities would often need re-directing, and consideration by both officers would be necessary to decide as to responsibility for some premises and parts of premises. In the many cases of this character which have arisen informal conversations between the officers concerned have quickly resolved the problems and agreements, and decisions have been reached as they have arisen.

It was anticipated that shortages in public health inspectorial staff would seriously hamper the initial work required to set in motion the administration of the Act, and therefore, ten technical assistants were appointed to work under the supervision of the public health inspectors to assist in this work. A street by street survey of the City was organised, and the field work and tabulation was carried out by these assistants during June, July and August. The addresses of the premises likely to come within the scope of the Act were listed for future reference.

The notifications of employment of persons in offices and shops required under the Act started to arrive in the Department after 1st May, 1964, in a steady stream, although many people appeared unaware of their responsibilities in this respect. Ministry posters were used in Corporation offices and as other forms of publicity appeared occupiers became increasingly aware that they must notify the appropriate authority that persons were employed on their premises. A further visit was made by the assistants to many premises to remind occupiers of their statutory obligations, and in

some cases visits were made by inspectors with a view to enforcement of the requirement. By the end of the year, only a small percentage of premises were outstanding, but notifications will continue to be received in small numbers as new premises are established or changes take place.

One duty under the Act, new to local government, is the investigation of accidents involving injury to persons employed on premises under the Act. The liaison officer, at his suggestion, gave a course of three lectures in the Health Education centre to members of the inspectorial staff of Sheffield, along with staff from neighbouring authorities, on the subject of accident investigation and inspection of dangerous machinery. These lectures were of great value, especially having regard to the long experience of the factory inspectorate on this subject, and it was agreed that a further course be arranged during the early part of 1965 to ensure that all inspectors and technical assistants would have the benefit of the lectures.

General inspections were commenced during October, 1964, and arrangements were made to ensure that inspections at this early stage covered a reasonable variety of types of premises in various parts of the City. Fair progress was made with inspections, 1,060 premises having been inspected by the end of the year. Almost all premises inspected appeared to fall short to some degree of the requirements of the Act. In the majority of cases, first aid provisions, heating and provision of thermometers only were required, but artificial lighting to waterclosets, the provision of running hot water, and to a lesser degree guarding of small motors and machines were needed. Insufficient sanitary accommodation and washing accommodation and overcrowding in offices, to which the public have no access, was evident in only a small number of cases.

It was found at an early stage in accident investigation that meat slicing machines are a problem in that accidents happen quite frequently despite the fact that fairly effective and normally acceptable guards are fitted to the cutting wheel. This matter has been discussed with the liaison officer, who has taken it up at national level. It seems that some additional guard, or improved method of feeding meat to the cutting blade, or a combination of both, is needed and this aspect is, we understand, receiving consideration at the Ministry and by the manufacturers.

Accidents include cut hands, the falling of articles from shelves and slipping and tripping on floors (usually unobstructed). In all cases the persons involved and the employer (or representative) are interviewed, the place where the accident occurred is seen and witnesses, if any, are questioned. Informal advice is given where necessary and a report is made to the Ministry. No cases have required either formal action or prosecution.

The work under the Act is really just beginning and experience in its particular aspects is being gathered. There is little doubt that employers and employees are very interested in the requirements of the Act and in the way the Act is to be administered locally. Early impressions indicate a willingness on the part of most employers to comply once they are told what is necessary, and this augers well for the success of this measure which has taken so many years to find its way to the statute book. When ultimately action becomes necessary to secure provision of additional sanitary accommodation, washing accommodation, office space etc., more difficulty may be experienced but a breathing space is provided in the Regulations. However, goodwill and co-operation on both sides can make a great contribution to the smooth working of the new legislation, while continued public interest can play a not inconsiderable part in keeping the wheels turning.

OSGATHORPE DISINFECTING STATION AND TRANSPORT REPAIR WORKSHOPS

By E. M. LEWIS, M.I.R.T.E., A.I.M.I.,
Transport Officer and Disinfecting Station Superintendent

“There is so much nastiness in modern literature that I like to write stories which contain nothing worse than a little innocent murdering”.

—Edgar Wallace.

The station, which was opened in 1960 comprises administration, disinfection and stores blocks as well as the transport repair workshop. Administration is housed on the ground floor while facilities for the treatment of pediculosis and scabies are available on the upper floor.

Disinfecting Station.—This is equipped with high and low pressure disinfecting plant, one of the units having been modified so that disinfection may be carried out using formalin vapour.

Articles disinfected during the year numbered 13,515 and necessitated 1,084 journeys for their collection. Work undertaken for a private firm included the disinfection of 10,000 hessian sacks and other articles before being sent abroad or used in this country.

Disinfestation.—Aims at the eradication of insect pests from infested premises. Details of premises treated are shown below:—

<i>Premises</i>	1963	1964
Corporation houses	133	165
Other Corporation premises, including schools, etc.	23	33
Private houses	168	201
Miscellaneous premises	36	45

Tenancy transfers and re-housing.—Houses inspected for vermin on behalf of the Housing Department:—

Corporation and private houses inside the City—		
Houses found to be verminous and sprayed with D.D.T.	200	149
Corporation houses sprayed with D.D.T. prior to tenant moving in	290	178

Cleansing of Verminous Persons.—The cleansing and treatment centre, which is supervised by the deputy superintendent and staffed by one male and two female attendants, dealt with twenty eight cases of head lice and eighty six cases of body lice, before admission to hospital or welfare home. Only two cases of crab lice attended for treatment.

Treatment of Scabies.—During the year 112 adults and 155 children were treated for scabies and the clothing and bedding of 79 families was disinfected.

Storage Facilities.—Some 400 wheelchairs, 450 commodes, substantial stocks of beds and bedding as well as hundreds of smaller items of medical equipment and nursing requisites, were stored at the station. Disinfectants stored included chlorinated phenols and white and black fluids which conformed to British Standard 2426 (1961) while insecticide solutions included D.D.T. with added pyrethrum, benzenehexachloride (B.H.C.) in odourless distillate. Powders such as D.D.T. and malathion were also stored.

Choked Drains and Public Sewers.—This unit, based on the disinfecting station, is now well equipped. A van containing a water tank for flushing purposes, drain rods and plugs, smoke machines, water pump, bladders, colouring matter for drain surveying, disinfectants, etc., is now at the disposal of the public health inspectors and used in the work of cleansing public sewers, drain testing and pumping out of flooded cellars and inspection chambers. The demand for this service is increasing; indeed there are times when the unit is booked two or three days ahead.

Meals on Wheels Service.—Vehicles, specially equipped with side and rear loading doors are used for the delivery of meals, but can be converted for general departmental work in the afternoon. Details of meals distributed are given on page 67.

Muscular Dystrophy.—An appeal was made by the Sheffield Muscular Dystrophy Group for help in transporting patients from home to a monthly social. A vehicle, normally used for handicapped persons attending handicraft centres, conveys about a dozen muscular dystrophy patients and their wheelchairs to the recreation room of the Sheffield Blood Transfusion Service.

Transport Repair Workshop.—The maintenance and complete mechanical and electrical overhaul of 95 miscellaneous vehicles is carried out at the workshop. Body repair work and paint spraying is also undertaken.

HOUSING AND SLUM CLEARANCE

By H. GREGORY, Cert.S.I.B.

Superintendent, Slum Clearance Section.

“The greatest skill at cards is to know when to discard”

—Baltasar Gracián

In carrying out a survey to identify the houses which are to be considered as being ‘unfit for human habitation’ within the meaning of Section 4 of the Housing Act, 1957, it is found that in any area surveyed the houses fall into one of the following categories:—

1. The old and worn out properties which are defective in all the matters referred to in Section 4, but are in such a state of disrepair, or so unstable or so damp that they may be deemed to be unfit solely by reason of any one of these items. Any houses included in a clearance area represented pre-1958 (most of which were originally represented pre-1939), were usually over 100 years old, some much older, and of this type. Many of the houses were built ‘back-to-back’ or were of ‘blind-back’ construction. Areas surveyed more recently have revealed a number of this type of house but these houses form a small minority of any area.

2. Houses which are between 75 and 100 years old, i.e., houses built to accommodate people who came to the town at the time of industrial expansion. These houses are found in large congested areas, built in terraces fronting on to the street and having communal yards at the back, usually common to four or six houses, but often common to more. The waterclosets are normally built in a block on one side of the boundary wall to the yard. Entrance to the yard is usually by a narrow tunnel passage. The condition and character of houses in any such area is varied. A street may contain houses identical in character and about the same age, but the degree of maintenance carried out produces a wide variation in their condition. Many streets, however, contain houses which vary in their character and consist of three-storey houses, containing 3, 5 or 6 rooms, two-storey houses containing 2, 3, 4, 5 or 6 rooms. These houses may vary in age and one finds in a street houses from 60 to 100 years old, which also vary in condition dependent upon the quality of the initial building and the degree of maintenance carried out during the ‘life’. In this type of house it is seldom that the public health inspector finds one single item, e.g., marked instability or extensive dampness upon which to classify the house as unfit, and usually it is necessary to consider the number and degree of the defects in deciding whether or not the house is reasonably suitable for occupation in that condition.

3. Houses which do not possess any great degree or number of defects of repair, stability or dampness but which are sub-standard in amenities. These are usually terrace houses, sharing communal yards, the watercloset being situated in the yard. Food storage is normally shelves on the cellar head, the only water supply being a cold water tap over the sink either in the kitchen living room or in an outshot scullery. Cooking of food is by means of a coal-fired cooking range, or a gas cooker, also sited either in the kitchen living room, scullery or back living room. Accommodation varies, many contain a small kitchen and a living room on the ground floor and two bedrooms on the first floor. The variations to this pattern are the addition of an outshot scullery, or an attic in the roof space or both. Large numbers of this type of house were built at the turn of the century, some as small infilling sites in developed areas, others form the whole area development.

Except in the case of a small clearance area which contains only a few old and worn out houses, the area surveyed usually contains some of each of the three types.

As the only satisfactory method of dealing with the old and worn-out house is by demolition there is no need to enlarge on the subject. In other categories, however, the number and degree of defects poses the question as to whether the defects are capable of remedy. Section 4 makes no reference to 'reasonable expense' but this item may well determine the classification. If the cost is deemed unreasonable it is not a worthwhile exercise. The cost although high may not be unreasonable, yet if it would only prolong the existence of a house which is sub-standard in amenities and not physically capable of being provided with the basic amenities, demolition is probably the best course. In this case the timing of demolition is important and the condition of other houses in the immediate vicinity should be considered. Moreover, regard must be had to the standard of living accommodation provided and what improvements in basic amenities are physically possible.

Objections to the inclusion of houses in Clearance Areas are made but their small number suggests that this standard is not considered to be an unreasonable one. It is a significant fact that of the objections received, the majority are in respect of the old and worn-out properties and these appear to be made more on the basis of hardship, than a challenge of 'unfitness'.

During the year 1,388 houses included in the Slum Clearance programme were inspected by the staff of the Clearance Areas Section. Houses totalling 1,165 were contained in 55 Clearance Areas which were the subject of Official Representations made by the Medical Officer of Health and 32 houses were dealt with by Individual Demolition Orders. The Minister confirmed 20 Clearance Orders and 10 Compulsory Purchase Orders containing 492 houses. Four Public Inquiries were held by the Minister in respect of 11 Orders containing 250 houses, and 321 houses contained in 22 unopposed Orders were inspected by an Inspector of the Ministry. A total of 1,356 families were rehoused from unfit dwellings.

In addition to the number of houses inspected for Slum Clearance 348 houses were inspected prior to being purchased by the Corporation in advance of requirements. Houses inspected for classification prior to being included in the Slum Clearance programme numbered 595; Certificates of Unfitness were issued in respect of eleven houses owned by the Corporation.

CLEAN AIR

By J. W. BATEY, D.P.A., M.I.Mar.E., F.R.S.H.

Superintendent Smoke Inspector

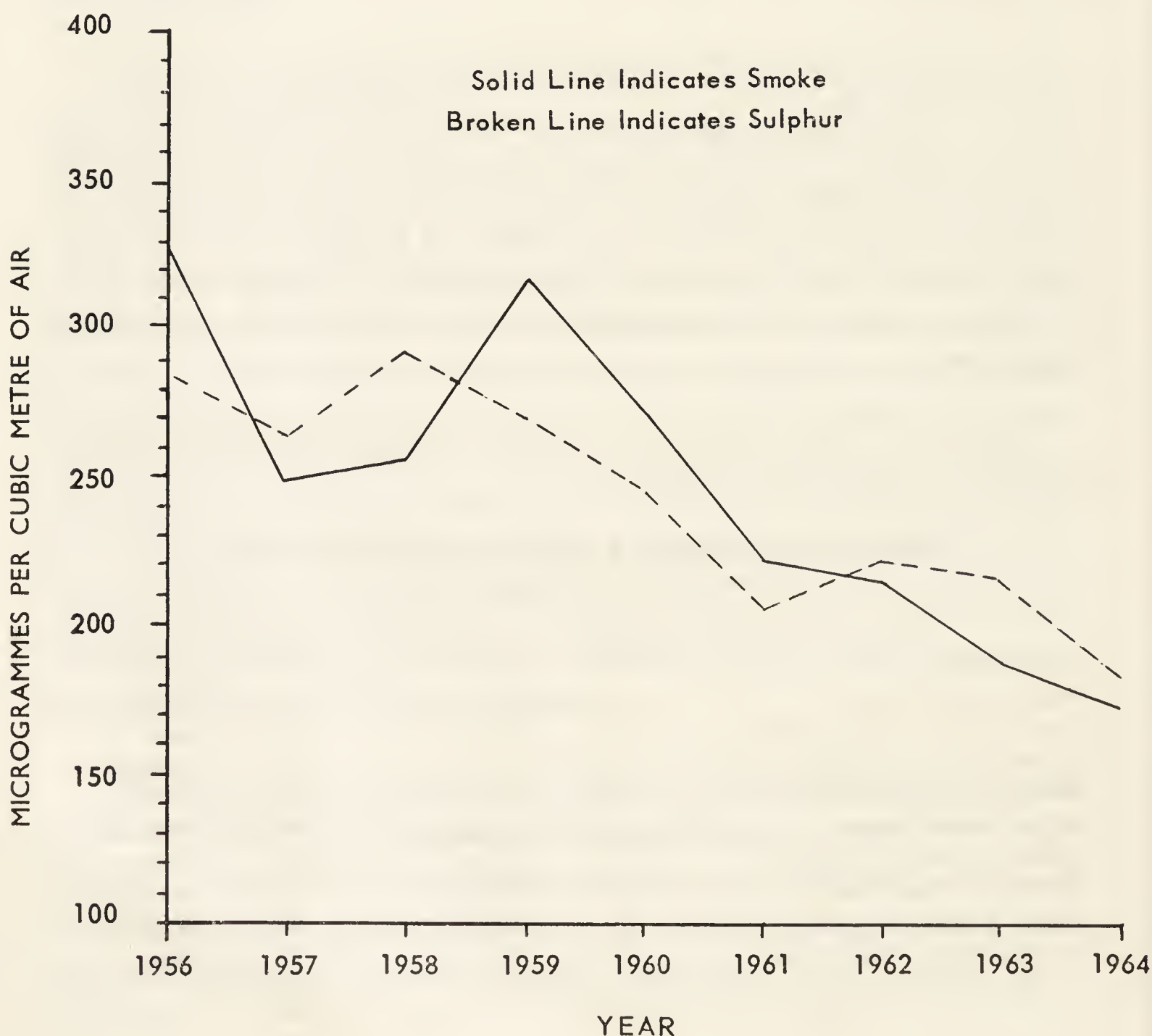
"A single breaker may recede; but the tide is evidently coming in".

—Thomas Macaulay (Essays).

The implementation of the Clean Air Act has proceeded steadily throughout the year and three more Smoke Control Orders were confirmed by the Ministry of Housing and Local Government: No. 3 (Nether Edge), No. 14 (Park) and No. 11 (Heeley).

Two Smoke Control Areas—the No. 12 (Broomhill) and the No. 15 (Manor) became effective during the year and the total acreage now under smoke control amounts to 22,008, whilst the number of smokeless houses is 54,656.

The effectiveness of this work is shown by the reduction in the readings of the volumetric gauges over the years, illustrated in the following graph:—



In December, 1964, the Ministry issued Circular No. 60/64 which had the effect of prohibiting the payment of grant towards electric space heaters, the only exception being electric block-storage heaters.

Another important Circular No. 46/64 altered the definition of new dwellings. Previously a new dwelling was one commenced after the 5th July, 1956, now a new dwelling is one commenced after the 16th August, 1964. This Circular also gave power to a local authority to withhold grant from any type of fireplace for which, in the opinion of the local authority, supplies of suitable fuel would be inadequate. It has not been necessary to use this new power in Sheffield. The Circular also enables the local authority to contribute towards the purchase of an electric poker, even though no other works of adaptation are required.

The death rate from bronchitis in England and Wales is much higher than in any other European country for which reliable figures are available, and it is generally agreed there is a link between atmospheric pollution and bronchitis.

The mortality rate figures for bronchitis in Sheffield have been steadily rising over the years, from 0·733 per thousand in 1953 to 1·009 per thousand in 1962. While this is due to the ageing structure of the population the rate remains high compared with many other urban areas. With the reduction in smoke over the City, it is expected that the death rate from bronchitis will fall but it is obvious that there will be a considerable time-lag. The next generation should show the full benefit of living in a cleaner atmosphere.

The gauge figures showing the lowest monthly readings for smoke and sulphur in 1964 were as follows:

Microgrammes of Smoke and Sulphur per Cubic Metre of Air
Lowest Monthly Reading for 1964

<i>Site</i>	<i>Smoke</i>	<i>Month</i>	<i>Sulphur</i>	<i>Month</i>
Surrey Street	30	July	91	August
Park County School	50	July	71	August
Sharrow Lane County School	68	July	39	August
St. Stephen's C/E School ...	32	July	48	August
Newhall County School ...	70	July	130	August
Milton Street Works	58	August	98	August
Ellesmere County School ...	71	July	76	August
Pye Bank County School ...	40	May	99	August
Manor Clinic	72	May	74	August
Turton Platts, Wincobank ...	55	July	79	August
TOTAL ...	546	TOTAL	805	

The highest readings for the same year at the same stations were as follows:—

Microgrammes of Smoke and Sulphur per Cubic Metre of Air
Highest Monthly Reading for 1964

<i>Site</i>	<i>Smoke</i>	<i>Month</i>	<i>Sulphur</i>	<i>Month</i>
Surrey Street	185	February	370	February
Park County School	293	January	286	January
Sharrow Lane County School	434	November	159	November
St. Stephen's C/E School ...	222	Jan. & Feb.	222	February
Newhall County School ...	363	January	439	February
Milton Street Works	408	January	462	February
Ellesmere County School ...	458	January	237	October
Pye Bank County School ...	244	January	311	January
Manor Clinic	287	January	233	January
Turton Platts, Wincobank ...	309	January	350	December
TOTAL ...	3,203	TOTAL	3,069	

Sulphur Determination by the Lead Peroxide Method
at three Stations for the five years 1960—1964

<i>Year</i>	<i>Milligrammes per 100 Square Centimetres Per Day</i>		
	<i>Attercliffe</i>	<i>Surrey Street</i>	<i>Fulwood</i>
1960	4·6	3·6	0·9
1961	5·0	3·6	0·9
1962	5·0	3·4	1·2
1963	4·5	3·5	1·1
1964	3·8	3·0	1·1

The averages of the monthly deposits of solid matter at three collecting stations in the five years 1960—1964, together with the highest monthly deposit at each station in those years is shown below:—

Solid Matter Deposited at three Collecting Stations
during the five years 1960—1964

<i>Year</i>	<i>Amount of solid matter (in milligrammes) deposited per square metre</i>					
	<i>Attercliffe</i>		<i>Surrey Street</i>		<i>Fulwood</i>	
	<i>Average Deposit Per Month</i>	<i>Highest Monthly Deposit</i>	<i>Average Deposit Per Month</i>	<i>Highest Monthly Deposit</i>	<i>Average Deposit Per Month</i>	<i>Highest Monthly Deposit</i>
1960	352	459	278	525	118	230
1961	309	465	187	269	108	157
1962	299	404	256	341	136	221
1963	281	376	282	417	214	610
1964	282	465	258	433	143	274

Work carried out by the staff of the smoke inspectorate is shown below:—

Number of chimneys observed	...	...	...	...	...	11,163
Number of minutes smoke emitted	...	...	...	...	...	3,565
Average minutes of smoke emission per half hour				...	...	0·31
Number of abatement notices served	...	...	...	...	...	24
Number of complaints dealt with	...	...	...	...	...	256
Letters sent to firms regarding smoke emission	...	...	...	...	...	73
Number of prosecutions	...	...	...	...	...	11

TABLE XVIII.—Solid Matter Deposited at Collecting Stations during the year 1964

(Milligrammes per square metre per day)

<i>Month</i>	<i>Attercliffe</i>	<i>Firth Park</i>	<i>Fulwood</i>	<i>Sewage Works</i>	<i>Surrey Street</i>
January	324	113	93	208	257
February	306	230	131	216	330
March	465	243	274	286	433
April	287	135	138	197	336
May	315	145	184	235	313
June	260	129	99	215	173
July	No record	169	171	191	151
August	215	156	106	181	162
September	84	88	121	221	138
October	247	154	149	283	285
November	340	165	133	272	259
December	261	146	125	364	267
TOTALS	3,104	1,873	1,724	2,869	3,104
AVERAGES	282	156	143	239	258

TABLE XIX.—Sulphur Determination by the Lead Peroxide Method at Stations during the year 1964

(Milligrammes per 100 square centimetres per day)

Month	Atter-cliffe	Firth Park	Fulwood	Sewage Works	Surrey Street	Weston Park	Bessemer Road	Limpsfield Road	Tinsley	Winco-bank
January ...	5.83	3.92	1.49	5.09	5.19	2.76	9.20	3.13	4.69	4.33
February ...	3.50	3.54	1.32	1.81	4.52	2.39	7.86	2.69	3.65	2.06
March ...	3.65	3.17	1.30	3.06	5.99	2.50	6.51	2.52	2.87	3.64
April ...	3.96	2.76	1.24	4.19	2.98	2.00	8.74	2.59	4.25	3.42
May ...	3.17	2.15	0.73	3.54	2.03	1.32	7.19	1.73	3.73	2.57
June ...	3.44	1.99	0.83	2.42	1.98	1.26	6.24	1.59	2.18	1.78
July ...	2.78	1.62	0.68	2.67	1.36	1.13	4.49	1.45	1.98	1.83
August ...	2.07	1.74	0.72	1.66	1.33	1.10	5.22	1.25	1.79	1.29
September ...	3.76	2.75	0.95	3.55	1.93	1.08	6.72	1.84	2.59	1.82
October ...	4.70	2.90	1.01	2.31	2.87	2.36	5.10	1.39	3.45	3.63
November ...	3.18	3.29	1.06	3.55	2.08	2.03	3.82	2.32	4.01	3.42
December ...	5.47	3.89	1.46	5.40	3.14	2.54	6.72	3.54	4.64	4.59
TOTALS ...	45.51	33.72	12.79	39.25	35.40	22.47	77.81	26.04	39.83	34.38
AVERAGES ...	3.79	2.81	1.06	3.27	2.95	1.87	6.48	2.17	3.31	2.86

TABLE XX.—Monthly Averages of Smoke (Volumetric) at Ten Stations during the year 1964

		(Microgrammes per cubic metre)									
Month		Surrey Street	Park County	Newhall Road	Ellesmere Road	Pye Bank C.S.	St. Stephen's	Milton Street	Sharrow Lane	Manor Clinic	Turton Platts Wincobank
January	...	173	293	363	458	244	222	408	364	287	309
February	...	185	243	356	332	220	222	375	366	268	231
March	...	101	198	289	329	187	164	277	307	214	141
April	...	68	84	169	174	75	77	154	146	124	108
May	...	34	57	83	85	40	40	81	69	72	65
June	...	35	71	103	120	54	54	104	103	76	66
July	...	30	50	70	71	43	32	62	68	75	55
August	...	38	56	81	83	41	45	58	73	76	58
September	...	56	92	136	124	75	61	91	110	94	97
October	...	127	249	317	319	190	184	235	372	235	270
November	...	93	245	316	342	220	220	259	434	244	268
December	...	144	223	344	373	178	196	234	346	227	305
TOTALS	...	1,084	1,861	2,627	2,810	1,567	1,517	2,338	2,758	1,992	1,973
AVERAGES	...	90	155	218	234	130	126	194	229	166	164

TABLE XXI.—Monthly Averages of SO₂ (Volumetric) at Ten Stations during the year 1964

(Microgrammes per cubic metre)

Month	Surrey Street	Park County	Newhall Road	Ellesmere Road	Pye Bank C.S.	St. Stephen's	Milton Street	Sharrow Lane	Manor Clinic	Turton Platts Wincobank
January ...	362	286	413	211	311	212	452	96	233	178
February ...	370	282	439	176	308	222	462	143	224	246
March ...	285	244	363	155	231	195	405	116	199	204
April ...	180	114	252	93	156	96	219	68	121	149
May ...	123	115	213	94	123	78	174	69	107	133
June ...	124	102	202	90	124	74	183	72	106	108
July ...	97	91	176	90	131	65	150	64	89	102
August ...	91	71	130	76	99	48	98	39	74	79
September ...	129	91	222	128	149	74	108	59	97	126
October ...	250	210	324	237	255	143	249	138	162	183
November ...	245	226	352	219	245	166	280	159	173	310
December ...	306	238	286	217	273	156	281	123	184	350
TOTALS ...	2,562	2,070	3,372	1,786	2,405	1,529	3,061	1,146	1,769	2,168
AVERAGES ...	213	172	281	148	200	127	255	95	147	180

TABLE XXII.—Smoke and Sulphur Determination by the Volumetric Method at Eight Stations in Sheffield
Six years 1959-1964

(Average per Year—Microgrammes per Cubic Metre)

	Year	Park County	Newhall Road	Ellesmere Road	Pye Bank C.S.	St. Stephen's	Milton Street	Sharrow Lane	Surrey Street
S M O K E	1959	320	380	330	280	300	340	370	220
	1960	270	350	330	180	240	340	280	180
	1961	220	300	270	150	190	200	260	170
	1962	181	277	258	147	169	225	281	146
	1963	139	249	237	134	148	242	234	89
	1964	155	218	234	130	126	194	229	90
S U L P H U R	1959	257	353	228	257	228	286	200	315
	1960	229	257	172	200	200	286	143	400
	1961	200	229	143	200	172	257	200	257
	1962	213	278	157	202	177	256	192	273
	1963	208	317	156	195	148	277	118	273
	1964	172	281	148	200	127	255	95	213

FOOD AND DRUGS

By G. A. KNOWLES, F.R.S.H., F.A.P.H.I.,
Superintendent Food and Drugs Inspector

“Never argue at the dinner table, for the one who is not hungry always gets the best of the argument.”

—Richard Whateley (Apophtegms)

The record of the years' work indicates the wide range of duties covered by the staff. The total number of visits made and the number of samples of food taken were less than in the previous year but this was to be expected because of two vacant posts which could not be filled. Unsatisfactory samples and the resultant prosecutions were at about the same level as in the previous year, emphasising the need for continued vigilance in this sphere of the work. There were over 97 tons of unfit food condemned during the year, 62 tons of which were vegetables. The majority of these were condemned on arrival at the wholesale market and were due to decomposition.

GENERAL FOOD INSPECTION

A total of 11,365 visits was made during the year by the food inspectors to inspect food supplies at the wholesale fish and fruit and vegetable markets, wholesale and retail provision and food stores, cold stores, retail markets, butchers' shops, fish shops and to the one horseflesh shop open during the year. Possession was taken of all food found to be unfit at the time of inspection and 97 tons 9 cwts 3qrs. 2 lbs. of food was condemned as unfit for human consumption. The condemned food was taken to the Corporation destructor at Penistone Road and destroyed by burning.

Visits made by the Food Inspectors

Visits to markets and wholesale food premises	...	...	...	8,399
Visits to retail food shops	...	...	...	1,636
Visits to horseflesh shop	...	...	...	50
Visits to butchers' shops	...	...	...	890
Visits to wet fish shops	...	...	...	390

TABLE XXIII.—General Food Inspection—Food condemned as unfit for human consumption during the year 1964

Description	Quantity	Tons	Cwts.	Qrs.	Lbs.	Description	Quantity	Tons.	Cwts.	Qrs.	Lbs.
Canned goods ...	36,083	—	—	—	—	Margarine ...	—	—	—	—	5½
Bacon and ham ...	—	—	18	—	12	Meat and fish paste ...	67 jars	—	—	—	—
Bread, cakes and paste ...	—	—	—	2	17	Meat and meat products ...	—	—	15	3	25
Butter ...	—	—	3	2	27¼	Nuts ...	—	—	5	3	16½
Cereals ...	—	—	—	2	19¼	Olive oil ...	¼ gallon	—	—	—	—
Cheese ...	—	—	3	1	8¾	Pickles and sauces	207 jars	—	—	—	—
Coconut ...	—	—	—	—	15¾	Poultry and game	—	1	10	1	3¾
Coffee ...	17 bottles	—	—	—	—	Preserves...	—	—	1	—	16¼
Cooking fat ...	—	—	—	2	—	Rabbits ...	—	—	1	—	14
Cream ...	6 jars	—	—	—	—	Salad cream ...	14 jars	—	—	—	—
Curry paste ...	2 jars	—	—	—	—	Shellfish ...	—	—	9	—	10¾
Drugs ...	—	—	—	—	5¼	Shellfish ...	12 jars	—	—	—	—
Fish ...	—	4	2	3	16	Soup powder ...	6 pkts.	—	—	—	—
Flour ...	—	—	4	—	25	Soft drinks ...	8 bottles	—	—	—	—
Frozen egg ...	—	—	1	—	—	Sugar ...	—	—	—	—	2
Fruit ...	—	4	11	2	9¼	Sweets and confectionery	—	—	—	—	14½
Fruit (dried) ...	—	—	—	1	4	Tea ...	—	—	2	1	7¼
Glucose ...	—	—	—	—	13	Vegetables ...	—	62	5	3	6½
Ice cream ...	—	—	—	—	12¾						
Imitation cream...	3½ gallons	—	—	—	—						

The total weight of food condemned and destroyed was 97 tons, 9 cwts., 3 qrs., 2 lbs.

Details of Canned Goods Condemned

Commodity	Number of Cans									
Fish	1,904
Fruit	19,702
Meat	7,654
Milk	1,596
Soup	976
Vegetables	2,813
Miscellaneous	1,438
TOTAL										36,083

FOOD AND DRUGS ACT, 1955.

It will be seen from the table which follows that, of the 1,095 formal and informal samples of milk and other food commodities which were taken during the year, there were 32 or 2·92 per cent. which proved to be unsatisfactory.

TABLE XXIV.—Results of Analyses of Samples taken under the Food and Drugs Act, 1955 during the Year 1964.

	<i>Formal</i>			<i>Informal</i>		
	<i>No. Sub- mitted</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>	<i>No. Sub- mitted</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
Milk	435	427	8	27	27	—
Almond paste	—	—	—	1	1	—
Apple dumpling	—	—	—	1	1	—
Artificial sweetener	—	—	—	1	1	—
Baking powder	—	—	—	5	5	—
Beef burgers	—	—	—	5	5	—
Beef sausages	—	—	—	3	3	—
Beef suet	—	—	—	4	4	—
Blackcurrant health drink	—	—	—	4	4	—
Blackcurrant syrup	—	—	—	5	5	—
Butter	41	41	—	12	12	—
Butter madeira cake	—	—	—	1	—	1
Butterscotch	—	—	—	1	1	—
Canned fish	—	—	—	5	5	—
Canned meat	—	—	—	8	6	2
Cheese spread	—	—	—	19	18	1
Chicken dinner (tinned)	—	—	—	1	1	—
Chicken stock	—	—	—	1	1	—
Christmas pudding	—	—	—	6	6	—
Coffee and chicory essence	—	—	—	3	3	—
Condensed and evaporated milk	—	—	—	20	20	—
Crab paste	—	—	—	3	3	—
Cream	30	30	—	23	22	1
Cream confectionery	2	—	2	11	10	1
Dairy ice cream	4	4	—	3	3	—
Dressed crab	—	—	—	2	2	—
Dried milk	—	—	—	3	3	—
Dried and preserved fruit	—	—	—	8	8	—
Dried vegetables	—	—	—	4	4	—
Drinking chocolate	—	—	—	1	1	—
Dripping	—	—	—	4	4	—
Drugs	—	—	—	24	22	2
Essences	—	—	—	2	2	—
Fish cakes	3	3	—	3	3	—
Fish spread	—	—	—	1	1	—
Flour confectionery	—	—	—	7	7	—
Fruit squash	1	—	1	4	1	3
Ground almonds	—	—	—	9	9	—
Ground nutmegs	—	—	—	1	1	—
Honey	—	—	—	2	2	—
Ice cream	54	54	—	6	6	—
Ice cream mix	—	—	—	2	2	—
Ice lolly syrup	—	—	—	1	1	—
Instant foods	—	—	—	5	5	—
Jams and preserves	—	—	—	22	21	1
Lard	—	—	—	17	16	1
Malt vinegar	—	—	—	10	10	—
Marzipan	—	—	—	2	2	—

Table XXIV.—*continued*

	<i>Formal</i>			<i>Informal</i>		
	<i>No. Sub- mitted</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>	<i>No. Sub- mitted</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
Meat paste	36	36	—	10	10	—
Milk ice	2	2	—	—	—	—
Minced meat	—	—	—	16	16	—
Mushroom (tinned)	—	—	—	1	1	—
Mustard	—	—	—	2	2	—
Non-brewed condiment	—	—	—	4	4	—
Pepper	—	—	—	5	5	—
Piccalilli	—	—	—	1	1	—
Pickling spice	—	—	—	2	2	—
Pork sausages	26	22	4	22	21	1
Potted meat	6	3	3	2	2	—
Pure fat	—	—	—	1	1	—
Rice	—	—	—	1	1	—
Rose hip syrup	—	—	—	4	4	—
Saccharin tablets	—	—	—	2	2	—
Salad cream and mayonnaise	—	—	—	10	10	—
Salmon paste	2	2	—	2	2	—
Sauces and ketchup	—	—	—	11	11	—
Self raising flour	—	—	—	10	10	—
Skimmed milk powder	—	—	—	2	2	—
Soft drinks	—	—	—	14	14	—
Soup	—	—	—	7	7	—
Steak and kidney pie	—	—	—	1	1	—
Steak and kidney pudding	—	—	—	3	3	—
Sweets and confectionery	—	—	—	3	3	—
Thyme and parsley stuffing	—	—	—	1	1	—
Unsalted butter	—	—	—	2	2	—
Vitamin syrup	—	—	—	1	1	—
TOTALS	642	624	18	453	439	14

Examination of Milk Samples by Inspectorate.—During the year 174 samples of milk were examined by the staff of food and drugs inspectors, and the ‘Gerber fat’ and ‘slide rule solids’ figures of the milks obtained. These samples were in addition to the samples submitted to the Public Analyst ; this method has effected a definite saving in expenditure on samples and at the same time allowed more samples to be taken.

Legal Proceedings.—Legal proceedings taken during the year for offences against the Food and Drugs Act resulted in penalties totalling £55 12s. 6d. being imposed.

Extraneous material in food was the cause of many complaints during the year and two cases, that of a meringue containing a wire nail and of a loaf of bread containing a dead cockroach, were taken to prosecution and convictions obtained.

The misdescription of flour confectionery containing imitation cream still occurs, and it was necessary to take proceedings in two cases.

A sample of milk sold at a milk bar was seriously deficient in milk fat due to the failure of the staff to keep the milk uniform: a conviction was obtained in this case. Where milk is dispensed in this manner it is advisable that homogenised milk should be used so that the quality of the milk sold is guaranteed.

Details are given in the following statement:—

<i>Offences</i>								<i>Penalties Imposed</i>		
								£	s.	d.
Cream confectionery in which the filling was imitation cream (2 cases)								22	3	0
Selling a meringue containing a wire nail (1 case) ...								10	0	0
Selling a loaf of bread containing a dead cockroach (1 case) ...								16	15	0
Selling milk deficient in milk fat (1 case)								6	14	6
TOTAL								55	12	6

In addition to cases taken to prosecution warnings were given in cases detailed below:—

Milk deficient in fat	1
Milk containing small amounts of added water	6
Cough syrup deficient in Vitamin C.	2
Stewed beef in gravy deficient in meat	2
Lard—rancid	1
Butter madeira cake deficient in butter fat	1
Potted meat containing excess water	1
Concentrated fruit squash containing excess preservatives	4
Honey and lemon spread having incorrect label ...	1

Where warnings were given follow up samples were taken to ensure that the offences were not repeated.

THE MILK SUPPLY

The daily amount of milk consumed in Sheffield in 1964 was 44,578 gallons, which is equivalent to 0·726 pints per head of population.

The average quality of the milk consumed, as judged from the 462 samples of milk examined during the year, was 3·71 per cent. of milk fat and 8·74 per cent. of milk solids other than milk fat. This compares favourably with the minimum standard for genuine milk, laid down by the Sale of Milk Regulations, 1939, of 3 per cent. of milk fat and 8·5 per cent. of milk solids other than milk fat.

The average quality of the 50 samples of Channel Island Milk taken during the year was 4·61 per cent. of milk fat and 9·06 per cent. of milk solids other than milk fat. The quality standard for this milk is a minimum milk fat content of 4 per cent.

Milk samples are taken daily from the milk distributors as they are delivering to consumers in the City, and the quality of the milk is tested. Incoming milk from farms to the Sheffield dairies is also checked.

All milk sold in the City is of designated type and by retail is sold only in bottles and cartons. During 1964 the designations of milk were Pasteurised, Tuberculin Tested (Pasteurised), Sterilised and Farm Bottled Raw Tuberculin Tested but in future the only designations will be Pasteurised Milk, Sterilised Milk and Untreated Milk (formerly Raw Tuberculin Tested). Two dairy companies sold bottled homogenised pasteurised milk. Homogenisation disperses the milk fat throughout the whole of the milk and no cream-line forms on the milk so treated.

639 samples of designated milk were examined bacteriologically during the year. The methylene blue test, which indicates the keeping quality of milk, was applied to all samples, except those of Sterilised Milk. The phosphatase test was applied to all the Pasteurised Milk samples with satisfactory results. This test indicates whether the milk has been efficiently heat treated. The Sterilised Milk was tested by the turbidity test and all samples gave satisfactory results. Two samples of Tuberculin Tested (Pasteurised) Milk, failed the methylene blue test. In each case the milk had been processed by a dairy outside the City. The cause of the failures was the inefficient cooling of the milk after heat treatment. The cooling facilities at this dairy were inadequate and representations were made to the Licensing Authority for the area who warned the dairy company for the offences committed.

MILK AND DAIRIES REGULATIONS

Milk and Dairies Regulations and Milk (Special Designation) Regulations.—The inspectors made 32 visits to dairy premises to secure compliance with the above Regulations.

Milk of Special Designation.—The following table indicates the amount of milk of special designation sold daily in the City in 1964. The estimated daily average consumption of milk in the City during the year was 44,578 gallons, the whole of which was designated milk.

TABLE XXV.—Daily Sales of Designated Milk in the City during the Year 1964

<i>Type of Designated Milk</i>	<i>Number of gallons sold</i>	<i>Percentage of City's total milk supply</i>
HEAT TREATED MILKS		
Pasteurised	39,958	89·63
Channel Island Pasteurised ...	2,492	5·60
Sterilised Milk	1,638	3·67
TOTAL	<u>44,088</u>	<u>98·90</u>
RAW MILKS		
Tuberculin Tested	475	1·07
„ „ Channel Island ...	15	0·03
TOTAL	<u>490</u>	<u>1·10</u>
TOTAL (all types) ...	44,578	100·00

The sales of Pasteurised Milk and Sterilised Milk again represented practically 99 per cent. of the total milk sold.

Farm bottled Tuberculin Tested Milk was the only raw milk sold in the City, and the daily sales totalled 490 gallons or 1·1 per cent. of the total milk sold daily. 15 gallons of this milk was Channel Island Milk derived from one City farm. The whole of the Tuberculin Tested milk was derived from four farms in the City and twelve farms in the adjoining areas of the West Riding of Yorkshire.

There were four licensed pasteurising dairies and one licensed sterilising dairy operating in the City during the year. Three of the pasteurising dairies were large concerns operating modern 'High Temperature Short Time' pasteurising machines. There was also a small plant of this type in use in another dairy. Pasteurised Milk from two dairies outside the City was sold in Sheffield during the year.

During the year 455 samples of Pasteurised Milk and Tuberculin Tested Milk (Pasteurised) were taken. All phosphatase tests and all methylene blue tests except two, were satisfactory.

All the 184 samples of Sterilised Milk taken satisfied the turbidity test.

The Sterilised Milk sold in the City was processed at three dairies, two of which are outside Sheffield. Most of this milk was sold in grocers' shops.

Frequent checks were made at the pasteurising dairies to ensure that the Tuberculin Tested Milk received was from licensed Tuberculin Tested farms. Examinations were also made of the dairies' records of incoming supplies and outward sales of this milk.

The whole of the milk supplied to school children was pasteurised.

Bacteriological Examinations of Milk.—Details of the various tests which were applied to Designated Milks during the year are given in the following statement :—

<i>Description of Milk</i>					<i>Nature of test</i>	<i>No. of samples submitted</i>	<i>No. of samples which were satisfactory</i>
Pasteurised Milk	...	...	...	...	Methylene blue	28	28
Pasteurised Milk	...	...	...	...	Phosphatase	28	28
Pasteurised Milk	...	...	...	...	Bacillus coli	28	28*
Tuberculin Tested Milk (Pasteurised)	...				Methylene blue	427	425
Tuberculin Tested Milk (Pasteurised)	...				Phosphatase	427	427
Tuberculin Tested Milk (Pasteurised)	...				Bacillus coli	427	426*
Sterilised Milk	...	...	...	...	Turbidity	184	184

* No bacillus coli in a millilitre of the milk.

ICE CREAM

Bacteriological Examination.—27 samples of ice cream were submitted for bacteriological examination during the year.

The whole of the samples were subjected to the Provisional Methylene Blue Test for ice cream and the Bacillus Coli Test.

GENERAL SUMMARY

Total number of samples taken	*Methylene Blue Test			
	<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
27	11	8	5	3

**Explanatory Note.*—In the Provisional Methylene Blue Test the grade classifications are as follows :—GRADES ONE and TWO—satisfactory. GRADE THREE—fair, capable of improvement. GRADE FOUR—unsatisfactory.

Bacillus Coli Test

<i>Total number of samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
27	*14	13

* No bacillus coli in one millilitre.

CLASSIFIED SUMMARY

HEAT-TREATED ICE CREAM

Methylene Blue Test				Bacillus Coli Test	
<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
10	8	4	3	14	11

COLD MIX ICE CREAM

Methylene Blue Test				Bacillus Coli Test	
<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
1	—	1	—	—	2

During the year 60 samples of ice cream, seven samples of dairy ice cream and two samples of milk ice were taken for analysis. The average fat content of the 60 ice cream samples was 7·81 per cent. The fat content of the 60 samples varied from 5·27 per cent to 10·92 per cent. The seven samples of dairy ice cream had an average milk fat content of 9·73 per cent. One sample described as double dairy ice cream had a milk fat content of 11·30 per cent. and a sample described as Cornish ice cream had a milk fat content of 10·77 per cent.

The two samples of milk ice had an average milk fat content of 3·7 per cent.

BACTERIOLOGICAL EXAMINATION OF OTHER FOODS

The following foods were submitted for bacteriological examination :—

Meat and meat products	...	...	...	...	...	...	11
Cream	...	...	...	...	...	...	10
Salmon spread	...	...	...	...	...	...	2
Minced turkey	...	...	...	...	...	...	2
TOTAL							<u>25</u>

All the samples were free from food poisoning organisms.

MEAT INSPECTION BYELAWS

These byelaws were made under the Sheffield Corporation Act, 1937. Their effect is to require meat from areas outside the City, when brought into the City for sale, to be first taken to the Corporation abattoir for inspection. Details of the meat inspected are given on page 202. The food inspectors are continuously keeping under observation the meat exposed for sale in shops and the meat in food preparation premises to ensure that it has not escaped proper inspection.

MERCHANDISE MARKS ACT, 1926

The various orders made under the above Act require certain imported foodstuffs to be marked, when exposed for sale, with an indication of their origin ; the foodstuffs included apples, butter, tomatoes, meat, bacon and ham, dried fruit, eggs, oat products and poultry. Local authorities are requested to enforce the provisions of the Act and its orders and the food inspectors made 600 visits in connection with this work.

PHARMACY AND POISONS ACT, 1933

Premises on Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List (at 31st December, 1964)...	548
Premises added to the list during the year	42
Number of routine visits and inspections in the year 1964	116

FERTILISERS AND FEEDING STUFFS ACT, 1926

Ten samples of fertilisers and 12 samples of feeding stuffs were taken during the year. The results of the analyses are listed below and were all satisfactory. Two samples of bone meal had a slight excess content of nitrogen.

<i>Article Sampled</i>	<i>Formal Samples</i>		<i>Informal Samples</i>	
	<i>Satis- factory</i>	<i>Unsatis- factory</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
Sulphate of ammonia	—	—	1	—
Sulphate of potash	—	—	2	—
Superphosphate	—	—	2	—
Hoof and horn meal	—	—	2	—
Bone meal	—	—	2	—
Blood manure	—	—	1	—
Layers' mash	—	—	4	—
Layers' pellets	—	—	2	—
Layers' meal	—	—	1	—
Baby chick mash	—	—	1	—
Cattle dairy cubes	—	—	1	—
Pig meal No. 2	—	—	1	—
Pig fattening meal	—	—	1	—
Sow and weaner meal	—	—	1	—
TOTAL	—	—	22	—

FOOD HYGIENE

Particular attention is paid to any infraction of the regulations noticed by the food inspectors whilst they are carrying out their normal duties at food premises.

Every year requests are received for lectures and talks on food hygiene and associated matters, and during the year the Superintendent Food and Drugs Inspector spoke to a variety of audiences. These included food trade organisations, staffs of food firms, licensed houses' staff course, and community and religious associations.

COMPLAINTS RE EXTRANEEOUS MATTER IN FOOD

Many complaints were received during the year from the public concerning the quality of food they had purchased. In particular their complaints related to extraneous matter in food and to the fitness for consumption of canned corned beef. There was considerable public anxiety about corned beef, which was to be expected because of the Aberdeen typhoid outbreak, but none of the complaints about corned beef revealed any condition which would give rise to food poisoning. All the food complaints received were fully investigated, and the complainants expressed themselves as satisfied with the action taken by the Department. Proceedings were taken in respect of two cases of extraneous matter in food, and details of the cases appear elsewhere in this report.

GENERAL SUMMARY OF WORK OF FOOD AND DRUGS SECTION FOR THE YEAR 1964

Visits

Number of visits made by the Food Inspectors—

To markets and food premises	...	...	...	...	...	10,035	
To butchers' shops	...	...	...	...	...	890	
To wet fish shops	...	...	...	...	...	390	
To horseflesh shop	...	...	...	...	...	50	
In connection with Merchandise Marks Act	...	...	...	...	...	600	
In connection with Milk and Dairies Regulations	...	...	...	...	...	32	
In connection with Pharmacy and Poisons Act	...	...	...	...	...	116	
						<hr/>	12,113

Sampling

Number of samples taken—

Food and Drugs Act, 1955—for analysis by public analyst	...	1,095
Milk samples informally examined by food and drugs inspectors		174
Ice cream—for bacteriological examination	...	27
Food for bacteriological examination	...	25
Fertilisers and Feeding Stuffs Act—for analysis by public analyst		22

Designated Milk samples—for bacteriological examination—

Pasteurised...	...	...	...	...	...	28	
Tuberculin Tested Milk (Pasteurised)	...	...	...	...	...	427	
Sterilised	...	...	...	...	...	184	
						<hr/>	639
						<hr/>	1,982

TOTAL WEIGHT OF ALL UNFIT FOOD CONDEMNED—97 tons, 9 cwts., 3 qrs., 2 lbs.

MEAT INSPECTION

By G. WHITELEY, M.R.S.H., M.A.P.H.I.

Superintendent Meat Inspector

“Most of their discourse was about hunting, in a dialect I understand very little”.

—Samuel Pepys Diary (22nd November, 1663)

Corporation Abattoir.—The carcase of every animal which is slaughtered for food at the Corporation abattoir is examined by a qualified meat inspector, and any carcase suspected of being diseased is taken to the detention room for final inspection. Live animals suspected of being diseased are taken to an isolation slaughterhall, where they are slaughtered and dressed in order that they may have no contact with healthy animals. The Ministry of Agriculture, Fisheries and Food is at once informed of any instance where an animal is suspected to be suffering from a notifiable disease.

As well as the functions already described, there are additional duties under the Diseases of Animals Acts and Orders during and after normal working hours. These include the reporting of any notifiable disease to the Ministry of Agriculture, Fisheries and Food, and also the restriction of animal movement according to the nature of the disease. Records are compiled of meat inspected, including meat and offals condemned; causes and dates of condemnation; particulars of ownership of condemned meat; incidence of diseases recorded and forwarded to the Ministry of Agriculture, Fisheries and Food for investigation; and records of imported meat and meat from outside sources.

To secure a long term stability in the meat inspection service the training of meat inspectors must be given careful consideration. In the process of development there is little doubt that major changes in the trade are taking place at an accelerated rate, and will continue over the next few years as there is an upward trend in the number of live animals and carcasses being exported to other countries. A considerable amount of carcasses, meat and offal is also supplied to numerous buyers throughout the country.

The abattoir has always provided facilities for all aspects of the meat industry and the standards of hygiene, personnel, general handling techniques and meat inspection must be maintained and even improved where possible. Owing to the shortage of qualified public health inspectors, authorised meat inspectors were appointed to carry out certain duties.

Although only post-mortem examination is required under the Meat Inspection Regulations 1963, ante-mortem inspection is carried out whenever possible at the abattoir.

Most of the meat coming into the City for sale is stamped according to Regulations and therefore need not be brought to the abattoir for inspection, but there are still small quantities being brought into the abattoir in accordance with the City of Sheffield Bye-laws and which are not stamped in accordance with the Regulations.

Although there was a drop in the figures during the war years, since 1948 there has been a steady increase in the quantity of meat slaughtered and inspected in the City.

TABLE XXVI.—Animals Slaughtered and Inspected in the City, 1949-1964

<i>Year</i>				<i>Animals slaughtered</i>	<i>Year</i>				<i>Animals slaughtered</i>
1949	...	...	...	126,486	1957	...	...	...	252,839
1950	...	...	...	152,003	1958	...	...	...	250,031
1951	...	...	...	150,854	1959	...	...	...	271,262
1952	...	...	...	184,674	1960	...	...	...	272,423
1953	...	...	...	201,594	1961	...	...	...	317,488
1954	...	...	...	236,446	1962	...	...	...	318,160
1955	...	...	...	223,466	1963	...	...	...	318,029
1956	...	...	...	246,653	1964	...	...	...	337,438

A total of 337,310 animals of all kinds were slaughtered and inspected at the abattoir during the year, as against 317,882 in 1963. Oxen and calves are stunned by the captive bolt pistol, while sheep and pigs are stunned by the use of electricity; 330,461 animals were slaughtered in this way during the year as against 310,861 in 1963. Slaughtering without stunning is only permitted in the following cases;—

- (a) slaughter by the Jewish method for the food of Jews and by a Jew duly licensed by the Rabbinical Commission, and
- (b) by the Mohammedan method for the food of Mohammedans and by a Mohammedan.

Animals Ritually Slaughtered and Inspected 1959—1964

<i>Year</i>	<i>Mohammedan</i>	<i>Jewish</i>
1959	729	3,080
1960	976	2,937
1961	2,387	2,510
1962	3,895	2,526
1963	4,469	2,552
1964	4,992	1,857

Slaughtermen’s Licences.—During the year certificates, approving of licences to be granted to fit and proper persons over the age of 18 to enable them to act as slaughtermen, were signed and forwarded to the Local Taxation Office of the Town Clerk’s Department for their information.

Under Section 3 of the Slaughter of Animals Act licences granted specify the kinds of animals which may be slaughtered and the types of instrument to be used for slaughtering and stunning. In some cases licences are granted to persons who must slaughter or stun under the supervision of an experienced and qualified slaughterman as required by Section 19 of the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958. Eleven Licences were granted to Mohammedans for the slaughter of animals by the Mohammedan method, for the food of Mohammedans. Nine of these were granted on condition that no animal should be slaughtered except under the supervision of an experienced and qualified slaughterman.

TABLE XXVII.—Animals Slaughtered and Inspected in the City in the Year 1964

<i>Where Slaughtered</i>	<i>Oxen</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>Total</i>
Abattoir main slaughterhalls ...	64,383	1,400	136,684	127,861	—	330,328
Do. (Jewish method)	465	—	1,392	—	—	1,857
Do. (Mohammedan method) ...	—	—	4,992	—	—	4,992
Isolation slaughterhall ...	69	7	52	5	—	133
Totals (abattoir) ...	64,917	1,407	143,120	127,866	—	337,310
Totals (private slaughterhouses)	—	—	—	—	128	128
Grand Totals ...	64,917	1,407	143,120	127,866	128	337,438

Of the 337,310 animals slaughtered and inspected in the abattoir in the year 1964, there were 1,117 whole carcasses found to be in a diseased condition and condemned, and a further 80,102 carcasses, some part or organ or part organ of which was condemned.

Private Slaughterhouse.—There is one private slaughterhouse used for the slaughter of horses only ; this is situated on land adjoining the abattoir away from the main cattle slaughterhalls. In 1940 when meat was rationed, an increasing demand arose for horseflesh and, as no facilities for the slaughter of horses were available in the City, application was made to the Corporation to build a slaughterhouse. The building was opened in February 1941, and the trade greatly increased, the maximum number of 3,190 horses being slaughtered in 1948. Since that year there has been a gradual decline to 128 horses slaughtered in 1964.

A Greener's live bullet gun is used to render the animals insensible to pain before sticking.

The slaughterhouse has been brought up to the standard of requirements relating to the construction, layout and equipment under the Slaughterhouse (Hygiene) Regulations 1958, also the additional provisions for horses under part VI of the Slaughter of Animals (Prevention of Cruelty) Regulations of 1958 have been met.

The occupier must (i) notify the local authority of every place where horses intended for slaughter or awaiting slaughter are kept and (ii) maintain an accurate record of all horses received into the slaughterhouse showing the date received, the date of slaughter, the name and address from whom purchased or on whose behalf the horse was slaughtered, such record to be made within 24 hours of the slaughter and (iii) render to the local authority an annual return showing the total number of horses slaughtered. All horseflesh is inspected and of the 128 horses slaughtered no carcase was totally condemned, but in 29 cases there was evidence of disease which necessitated condemnation of the part affected.

In the following table are given further particulars relating to carcasses which were condemned in the abattoir and horse slaughterhouse, and separate information is shown in regard to carcasses which were affected with tuberculosis or cysticercosis.

TABLE XXVIII.—Carcases and Offal Inspected and Condemned, in Whole or in Part, in the City during the Year 1964.

<i>Class of Animal</i>	<i>Oxen</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>Total</i>
Number killed and inspected ...	64,917	1,407	143,120	127,866	128	337,438
<i>All diseases except Tuberculosis and Cysticercosis—</i>						
Whole carcasses condemned ...	101	24	520	449	—	1,094
Carcasses of which some part or organ or part organ was condemned ...	23,533	31	22,709	32,774	29	79,076
Percentage of the number inspected affected with disease other than tuberculosis and cysticercosis ...	36.36	3.91	16.23	25.98	22.67	23.76
<i>Tuberculosis only—</i>						
Whole carcasses condemned ...	4	—	3	16	—	23
Carcasses of which some part or organ was condemned ...	60	—	9	956	—	1,025
Percentage of the number inspected affected with tuberculosis ...	0.09	—	0.01	0.76	—	0.31
<i>Cysticercosis—</i>						
Carcasses of which some part or organ was condemned ...	35	—	—	—	—	35
Carcasses submitted to treatment by refrigeration ...	35	—	—	—	—	35
Generalised and totally condemned ...	—	—	—	—	—	—

TABLE XXIX.—Total weight of Meat found unfit for Human Consumption in the Animals Slaughtered and Inspected in the Year 1964

	MEAT								OFFALS								TOTALS			
	Affected with Tuberculosis				Affected with other diseases				Affected with Tuberculosis				Affected with other diseases							
	T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.
Cattle ...	—	17	1	13	23	5	3	2	—	17	—	2	166	18	1	7	191	18	1	24
Calves ...	—	—	—	—	—	8	1	6	—	—	—	—	—	4	3	14	—	13	—	20
Sheep ...	—	1	—	21	11	6	—	11	—	—	3	26	35	15	3	12	47	4	—	14
Pigs ...	4	15	3	21	24	12	1	4	—	9	—	25	69	—	1	13	98	17	3	7
Horses ...	—	—	—	—	—	1	2	—	—	—	—	—	—	4	1	5	—	5	3	5
TOTALS ...	5	14	1	27	59	13	3	23	1	7	—	25	272	3	2	23	338	19	1	14

T—Tons. C—Cwts. Q—Qtrs. L—Lbs.

Under the Tuberculosis (England and Wales Attested Area) Order 1960, 64 carcasses derived from dairy cattle were found to be affected with tuberculosis and reported to the Ministry. These figures do not include imported animals licensed to the slaughterhouses from the Imported Animals Landing Places. No animals were slaughtered under the Tuberculosis Order during 1964.

TABLE XXX—Percentage of Carcasses of Oxen, Calves and Pigs inspected and found to be affected with Tuberculosis, 1951-1964

Year	OXEN		CALVES		PIGS		TOTAL		Cattle slaughtered under T.B. Order
	No. inspected	% affected with T.B.	No. inspected	% affected with T.B.	No. inspected	% affected with T.B.	No. inspected	% affected with T.B.	
1951 ...	38,649	18·88	4,271	0·52	18,791	3·67	61,711	12·98	70
1952 ...	32,274	15·57	5,333	0·56	31,631	3·67	69,238	8·98	33
1953 ...	36,464	16·76	3,741	0·51	41,819	4·09	82,024	9·56	30
1954 ...	46,433	19·30	8,500	0·22	69,750	2·68	124,683	8·70	29
1955 ...	44,226	20·32	6,927	0·16	88,736	1·90	139,889	7·85	24
1956 ...	47,565	18·06	9,136	0·15	90,888	1·69	147,589	6·87	18
1957 ...	56,308	14·66	6,033	0·10	94,984	1·37	157,325	6·08	6
1958 ...	54,301	14·82	3,724	0·13	96,112	0·93	154,137	5·81	3
1959 ...	49,454	13·64	2,731	0·15	90,045	0·89	142,230	5·31	4
1960 ...	54,381	3·91	3,819	0·05	93,656	0·66	151,856	1·82	—
1961 ...	61,470	0·30	3,819	0·00	100,078	0·49	165,367	0·41	—
1962 ...	65,081	0·20	3,708	0·00	107,742	0·44	176,531	0·34	—
1963 ...	71,316	0·10	2,948	0·00	108,965	0·81	183,229	0·52	—
1964 ...	64,917	0·09	1,407	0·00	128,866	0·76	194,190	0·53	—

Cysticercus Bovis.—35 carcasses were found to be affected with localised infestation, and were put into cold storage for three weeks at the required temperature, before being passed as fit for human consumption.

Meat Inspection Byelaws.—Bacon, ham, canned meat, sausages or any part of a carcass bearing an official stamp approved by the Ministry of Agriculture, Fisheries and Food are exempt from the local byelaw relating to animals killed outside the City, as is meat to which the Public Health (Imported Food) Regulations apply. Particulars of the meat which was brought to the abattoir in 1964 are as follows :—

				<i>Number</i>	<i>Tons</i>	<i>Weight</i>		
						<i>Cwts.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
PIGS—								
Carcases	...	...	...	2,504				
Part carcasses	...	...	...	—	6	2	3	25
Offals	...	...	...	—	6	15	3	16
CATTLE—								
Carcases	...	...	...	1				
Part carcasses	...	...	...	—	—	1	3	16
Offals	...	...	...	—	—	7	3	6
CALVES—								
Carcases	...	...	...	1				
Offals	...	...	...	—	—	—	—	—
SHEEP AND LAMBS—								
Carcases	...	...	...	26				
Part carcasses	...	...	...	—	—	—	2	23
Offals	...	...	...	—	—	12	3	4

Of the above meat and offal, inspected as required by the byelaws, a total of 18 cwts. 0 qr. 14 lbs. was found to be unfit for human consumption.

In addition, the total weight of meat imported from outside the country found unfit for human consumption was 23 tons 14 cwts. 1 qr. and 23 lbs.

Export Meat Trade.—Beef casings from the abattoir and horse flesh and casings from the horse slaughterhouse were exported to the Continent during the year. Certificates of inspection were issued as required.

Disposal of Condemned Food.—All meat found on examination to be unfit for human consumption is disposed of in the by-products plant at the Corporation abattoir by processing into animal feeding meals, fats, etc.

Diseases of Animals Acts (Non-Veterinary Functions).—A full account of the part played by the Public Health Department in the detection and control of diseases of animals was given in the Report for 1957. A summary of work done during 1964 is given on page 162.

METEOROLOGY

“ I must get out of these wet clothes and into a dry Martini”
—Alexander Woolcott

TABLE XXXI—.Meteorology during 1964. Records taken at Weston Park
(430 feet above sea level)

Month	Highest Maximum Temper- ature	Lowest Minimum Temper- ature	Mean Temper- ature	Lowest Ground Mini- mum	Rain Inches	Rain Days	Sun- shine- Hours	Snow Lying (days)
January ...	52.1	22.0	38.1	15.0	09.1	8	54.8	2
February ...	54.9	22.3	39.9	11.0	1.13	12	50.5	5
March ...	50.5	26.9	37.9	18.0	4.81	20	46.6	6
April ...	67.8	32.0	48.3	27.3	1.81	16	91.3	—
May ...	74.8	41.1	56.1	33.9	2.18	13	203.0	—
June ...	74.1	39.0	56.4	3.41	2.76	18	105.8	—
July ...	75.6	46.4	61.8	35.9	2.00	12	184.9	—
August ...	80.7	41.5	60.0	33.0	1.94	10	179.3	—
September ...	73.4	42.2	57.5	25.4	0.82	8	165.5	—
October ...	62.8	32.3	48.3	25.1	1.64	13	106.7	—
November	58.0	27.2	44.9	15.8	1.70	15	40.9	—
December ...	58.0	23.9	38.0	10.1	3.69	18	61.2	1

General Information

Total rain inches 25.39

Total rain days 163

Mean temperature 48.9

Thunder was heard on 6 days

Fog recorded on 25 days

Total sunshine hours 1290.5

Total snow lying days 14

Except for March, the winter months were abnormally dry, and the late summer and early autumn provided a dry sunny Indian Summer which helped to compensate for a dull spring. It was the driest year since 1959 (23.9”) and the sunniest since 1962 (1,389 hrs.).